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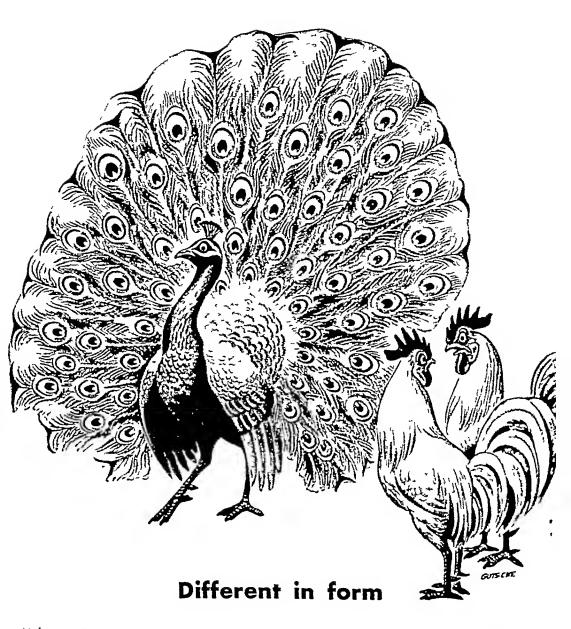
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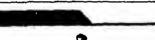
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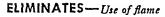
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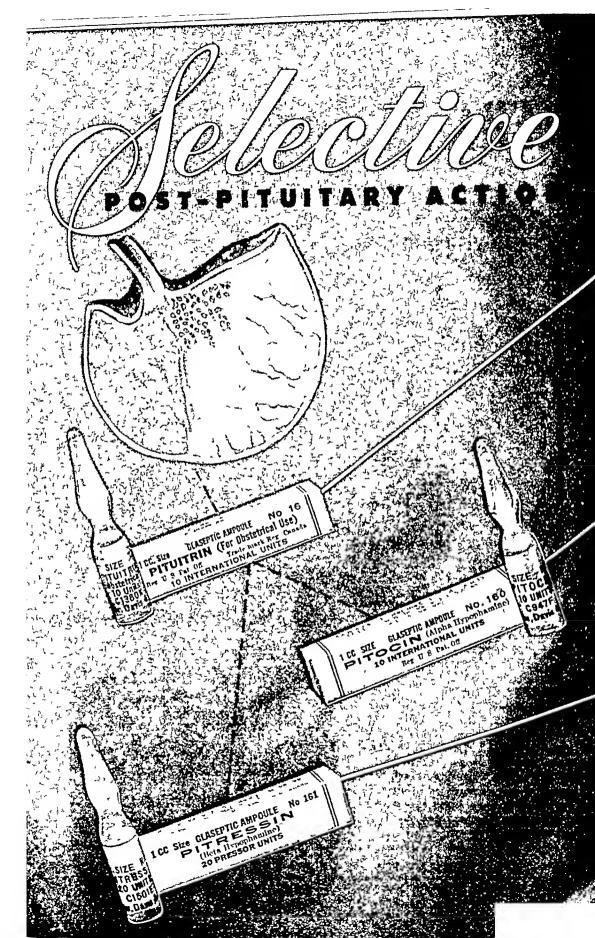
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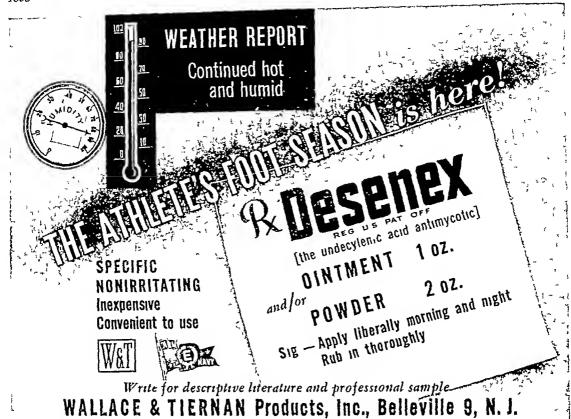
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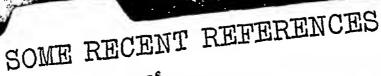
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-J A M A., 127 449-456, Feb 1945

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-Bnt Med J, No 4378, pp 722-723, Dec 1944

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-The Lancet, No 6319, pp 471-472, Oct. 1944

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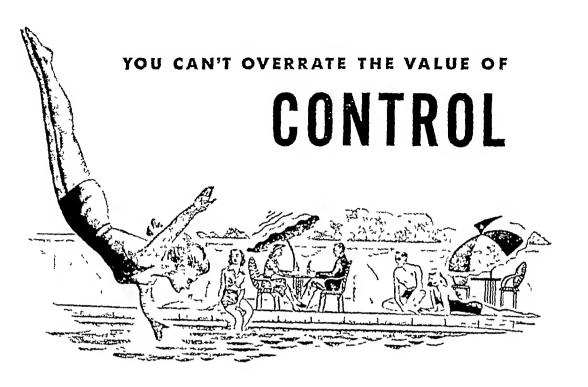
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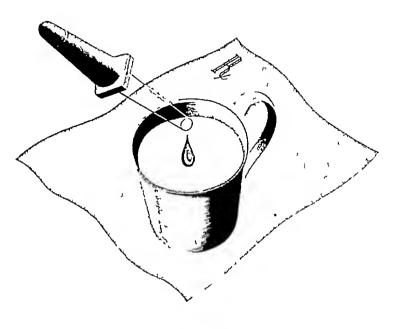
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—Mayer Jr., S.: Clinical Use of the Sulfonamides, Western J of S. O & G., 52.213-217 (May) 1944

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Laryngoscope, Feb 1935, Vol XLV, No 2, 149 154
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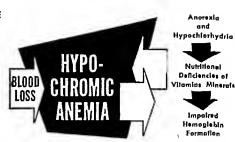
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# MENSTRUAL ABERRATIONS AND ANEMIA

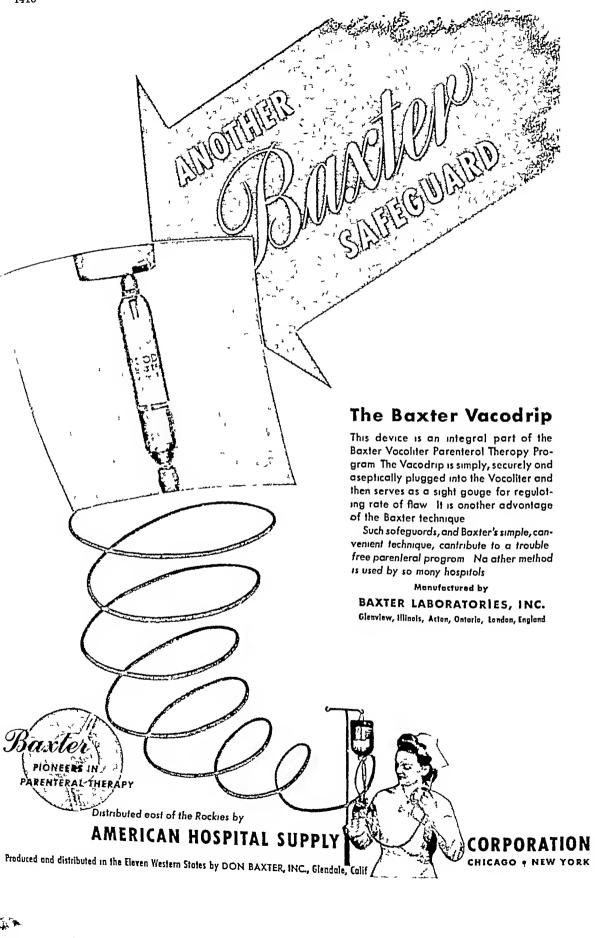
Among the foremost causes of secondary nnemla in women are the frequently occurring menstrual aberrations which increase the volume of uterine bleeding. The result ing depression of the hemogiobia level is usually associated with reduction of gastric acidity, loss of appente, lack of stamina, and of the sense of well being. These coaditions impair the intake, absorption and utilization of the essential blood forming substances at a time when their requirements are in creased. Thus the severity of the

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Bactericidal Efficiency of Iodine Solutions and Organic Mercurial Antisepties Amer Jour Pharm., 117:5 (Jan.) 1945.

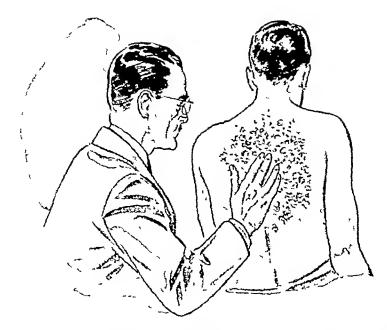
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## NEW YORK STATE JOURNAL OF MEDICINE

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**VOLUME 45** 

JULY 1, 1945

NUMBER 13

## Editorial

### Physician Shortage?

Hearings before the Senate Committee on Military Affairs on the Ellender bill to defer medical students have developed into a controversy Dr Victor Johnson, representing the Association of American Medical Colleges, claims that in 1946 there will be a shortage of medical students, and favors the passage of the bill Maj Gen. Lewis B Hershey, of Selective Service, on the other hand, does not favor the bill, the Army and the Navy are against its passage, and at the date of this writing the War Manpower Commission was not heard, although communications from Mr Paul V McNutt were read into the record of the hearings

Apparently the armed services have assured for themselves the requisite number of physicians for their needs for the probable duration of the war. The question which the hearings sought to solve was the continuous flow of premedical and medical students by which the supply of civilian physicians could be maintained.

The Association of American Medical Colleges and the American Medical Association made a joint statement, says the  $JAMA^1$ 

"The mein outlines of this statement were endorsed by every medical school in the country except Columbia, it demonstrated that utterly inadequate numbers of qualified students will be available for admission to 1946 freshmen medical classes.

These must come from the following categories women, men under 18, or those physically disqualified and veterans It will be fortunate if these groups will provide two thousand qualified students, as compared with the normal admission of about six thousand. For example, a recent survey of eight large universities by Harold Dichl revealed that only forty two veterans were enrolled there as premedical students who would become available to medical schools before 1947. Of these about twenty-eight were judged to be good material. Normally, these eight universities provide eight hundred to nine hundred reedical-school freshmen annually."

The Ellender bill seeks to correct the present policies and regulations by providing for the deferment of qualified premedical students and the assignment of acceptable men

in the armed forces to premedical and medical schools

Dr Walter Bloedorn, of the executive council of the Association of American Medical Colleges, and Dr Harvey Stone, of the Council on Medical Education and Hospitals of the AMA, together with Dr Victor Johnson, represented medical education at the hearings

The question is not easy to solve The Army, Navy, and Selective Service claim that deferment of the number of men necessary would hamper the war effort Representatives of medical education, who should be in a position to know, almost unanimously favor the passage of the Ellender bill

No action has been taken by the Senate

Committee on Military Affairs at the date of this writing

It would seem to us that the testimony of the representatives of American medical education should be given very serious consideration. Theirs is, after all, the burden and responsibility of maintaining the continuous flow of premedical and medical students by which alone the quota of civilian physicians can be maintained.

The prospect of material reduction in enrollments of medical school freshmen in 1945 and drastic cuts in 1946, or the admission of inferior applicants by some schools could materially damage the quality of civilian medical care in the future

1 Vol. 128, No 2, p 131

## Westward the Tide

Among many communications received in the office of the New York State Journal of Medicine, none has stimulated us quite so much as the following letter.

"April 4, 1945

Sır

Enclosed you will find Five Dollars (\$5 00), as payment for my subscription to the New York State Journal of Medicine for the year 1945

(beginning January number)

In this connection I would like to state that the amount of my subscription to the above-mentioned Journal for the year 1942 was sent to you in November, 1941, I therefore beg that the corresponding issues be sent to me at your earliest convenience. At the same time, please let me know if you can send to me the issues corresponding to the years 1943 and 1944, and how much I have to forward to you

Please send me a catalog about the latest books and journals you have concerning therapeutics,

internal medicine, and pediatrics

Thanking you in advance,

I remain, (Signature)

MD

Address Tuberias Street, Manila, Philippines'

The payment sent in November, 1941, was never received, for reasons which are understandable. There was a lack of postal system overseas after Pearl Harbor. But Dr.

F H will receive his JOURNAL from now on, including back numbers, with little interference from the setting sun of the Orient, and none at all from the contemptible cutthroats of Central Europe

In connection with the foregoing, it may be of interest to our readers to know that as of March 31, 1945, 3,450 copies of each issue of the Journal go to men in the services out of our 18,511 total distribution Subscribers in the forty-eight states, Panama, Mexico, Puerto Rico, Hawan, and Cuba, total 1,259, of which forty-eight are hospitals in New York State and sixty-six out of the State, forty-two are universities, five are medical societies, eleven are libraries, twenty-four are social-service agencies, sixteen are insurance companies, and so on Nine subscriptions go to South America, and now one to the Philippines

To those who, because of the war, receive their copies of the Journal a little late we can recommend the patience of our subscriber of Tuberias Street, Manila, Philippine Islands, and in the time of waiting until the Journal arrives from the sorely pressed printer, all might profitably consider with the representatives of the United Nations ways and means whereby nobody shall have to wait again for anything because of war Nations are no better than the individuals

who compose them Nobody can delegate his individual responsibility for the maintenance of the national standards, the national ideal, the national resolve to implement in overy way and at whatever cost the mechanisms of liberty and justice to all. No chain is stronger than its weakest link. What do you propose to do about it?

#### Current Editorial Comment

#### Of This and That

"Three quarters of EMIC Activities a million servicemen's wives and infants received care under the emergency maternity and infant-care program in the first two years of its operation," Dr Martha M Eliot, associate chief of the Children's Bureau, United States Department of Labor. reported on March 18 on the second anniversary of passage by Congress of the first specific appropriation for the purpose 1 The "stork bill" now totals close to \$70,000,-000, Dr Eliot said, with "Unclo Sam paying doctor and hospital bills for approximately one baby out of overy six being born these days "

Dr Eliot estimates that under the omergency maternity and infant care program close to half a million bahies have already been born and almost two hundred thousand are on their way, with medical, hospital, and nursing care being provided for their mothers during pregnancy, childhirth, and for six weeks after childbirth. In addition, some seventy-five thousand sick infants have been cared for Infants are cligible for care throughout their first year of life.

All this care has been provided without cost to the serviceman or his family, Dr Eliot pointed out Not infrequently health

officials, doctors, and nurses have gone to great lengths to get care to those in need She paid tribute to the generous cooperation of the physicians who have given unstintedly of their time and strength when they have been hard pressed by wartime practice. Thousands of physicians and hospitals the country over have helped make this program a success, Dr. Eliot asserted.

Emphasizing that the program is a war measure only, Dr Eliot said that novertheless the "very magnitude of the undertaking, providing as it does for these tens of the sands of mothers and babies everywhere the country, under all sorts of circu stances, cannot be without its long-to effects." All who have had a part in getti this care to this large segment of the popution, she said, have learned much about whis involved in making good maternity a infant care available to the whole popution.

With few exceptions the program is no operating smoothly everywhere in the coutry, and the Children's Bureau foresess continued wartime operation until "care he been given the last eligible mother a infant." The program terminates six mont after the end of the war, but care being given the the serviceman's wife or bahy at that till, will be completed

<sup>&</sup>lt;sup>1</sup> O.S. Department of Labor, Children's Bureau News Rolesso, March 18, 1948.

## "Convention in Print"\* UROLOGY

GEORGE E SLOTKIN, M D, Buffalo, New York

NOTWITHSTANDING these arduous times, a voluminous literature in urology has developed in the past year which is significant in the research and advances that this specialty warrants. A review from leading publications has been condensed to cover the more practical phases of this subject.

### Kidney

Renal Anomalies—Hanley¹ reports a case of horseshoe and supernumerary kidney and a case of triple kidney with horseshoe component. This is a rather unusual distinction. Only 43 cases of supernumerary kidney are found in the literature, and in a majority the extra kidney was found below the normal one, usually on the left side, and may be rudimentary. In Hanley's case, the supernumerary kidney was above its fellow, was not rudimentary, and its ureter emptied into the bladder by a separate orifice. This was associated with a horseshoe kidney—a combination previously unrecorded.

Renal Lesions —Deming2 made a study of 330 individuals between the ages of 18 and 38 within the draft age Fifty per cent of the lesions were renal and ureteral calculi Pyogenic renal infection consisted of 38 cases of pyelitis and 5 of pyelonephritis In 11 cases of pyelitis the infecting organism was Staphylococcus aureus, in 22 Bacillus coli, in one B alkaligenes, and in one B mucosus capsulatus Fifteen of the infections were bilateral Most of the cases were treated with sulfonamide compounds There were 5 patients with pyelonephritis Two had bilateral infections with elevated systolic pressure 29 cases, hydronephrosis was noted (88 per Eight patients had bilateral lesions cent) Trauma occurred in 29 patients Twenty-four recovered with expectant treatment quired nephrectomy Tuberculosis was noted in 21 cases, and bilateral disease was present in 5

Hematura of unexplained origin occurred in 12 cases, renal tumor in only 1. Deming's conclusion is that after the fortieth year the individual enjoys his best renal health.

Tumors—Hale and Burkland<sup>3</sup> state that renal tumors may produce symptoms which are not directly referable to the genitourinary tract—Urinary findings may be completely absent—Normal urine does not rule out the presence of tumor, and the classic triad—palpable tumor, hematuria, and pain—is a late manifestation and is of no value in the early diagnosis of these malignant lesions—Distant and multiple metastatic growths are frequent and may give rise to the symptoms before the primary growth—Hematuria is the most important symptom

Cysts—Fister classifies four convenient types of cysts—simple solitary serous, hemorrhagic, small multiple, and multiple, which includes multilocular. The simple cysts are congenital or acquired, may be present at any age, and are more frequent in the male than in the female. They are commonly parenchymal, unilateral, and the lower pole is more frequently involved than the upper. Local symptoms may be absent. Diagnosis is made by x-ray findings, although preoperative diagnosis may be difficult. If there is no associated renal disease and the cyst is not too large, excision is the method of choice. Nephrectomy is only indicated when concomitant renal lesions exist.

Rathbun<sup>5</sup> discusses polycystic disease believes that longevity is better than commonly supposed, that there are two distinct types of the disease, one in the newborn, the other developing in middle or late life. The gross appearance and histologic pictures disclose that they may have different embryologic backgrounds. Of 17 cases, 7 were in infants, the youngest adult was 20, and the remaining were in the third to sixth decades, the average age of the adults being 51 7 Necropsy was performed in 9 cases, and other congenital anomalies were found, such as cystic liver, absence of left kidney, and deformity of the anal ornice Fourteen of the cases were bilateral, one case was of a unilateral kidney Of the 10 adults studied, 4 were hypertensive, 3 intermittently, 1 had normal blood pressure, and 2 were hypotensive

Ruplure—Ferrier and Knigge<sup>6</sup> report 137 cases of ruptured kidney, with 37 deaths, a mor-

<sup>\*</sup> The current issue of the Journal is devoted in part (pages 1418-1439) to a series of articles reviewing activities in various fields of medicine which were prepared for a special pamphlet called "Convention in Print," planned as a substitute for the material to be presented at this year's Annual Meeting of the Medical Society of the State of New York. It was not found practical to publish and circulate this booklet because of wartime restrictions on paper and printing. These articles, however, should be of great practical interest and value to our readers.—Editor

tality of 27 per cent Six were stab or gunshot wounds through the kidney, and the cause of death was peritonitis. The other 31 deaths disclosed associated multiple visceral or ekeletal injuries. Twenty-four cases of moderate trauma were noted. In these, all the patients recovered without surgical intervention. In 69 cases of extensive rupture, many with extravasation, all the patients recovered. Twelve received surgical treatment.

Stone -- Egger' states that it is difficult to influence the chemicophysical factors of the urna, such as colloidal production and surface tension The danger of recurrence is four times greater in operative removal of the atone than in cases which have been eliminated by conservative He believes that the deciding factor of recurrence is in the first few days after opera tion and is due to diminished output of urine from damaged, duminished arterial circulation In 3 cases be performed decapsulation at the time of the removal of the stone, in the belief that the vasoconstrictor factors are climinated with resulting increased arterial flow to the kidnev and an increased production of urine with a low specific gravity

#### Ureter

Intubated Ureterotomy - Davis' discusses a new operative procedure for stricture of the This was inspired by a urethral stricture which had been carefully dissected away, leaving a large hole in the permeum and urethral wall, 32 cm long A catheter was pleced in the urethra and the mucosa spread around the catheter, completely filling this gap He applied the same principle in 5 cases of stricture reported No effort is made to draw the sutures into new form, and no sutures are used, the operation depending upon the physiologic repair processes The splint is a mold on of the tissue Itself which the tissnes, on their own proliferation, reform the ureteral channel, and must be left in place sufficiently long to allow complete prolifera-Davis recommends a splint of sufficient size to fit comfortably without creating ischemia. A minimum of three weeks is allowed for the splint to remain in place, and up to five weeks is preferable.

Transplantation —Reimers' states that the mortality is extremely high in cases of transplantation. In a review of 1,360 cases there were 348 deaths, or 26 per cent. Sixty per cent of the deaths were due to ascending infection of the kidney following operation, and 30 per cent were due to postoperative peritonitis. The peritonitis does not result from imperfection of technic but from biologic process. He advises in some cases nephrostomy or pyelostomy to overcome the

secondary infection and peritonealizing the

#### Bladder

Tumors—Abeshouse<sup>10</sup> collected 20 cases of carcinoma in existrophy with one personal case Adenocarcinoma was present in 21 of the 27 cases

The best results in treatment have come from transplantation of the ureters into the rectum with excision of the bladder. There is much histologic evidence to show that the mucosa of the normally developed and existrophic bladder undergoes metaplastic changes as a result of hronic inflammation, irritation, or obstruction.

Kirwin<sup>11</sup> states that vesical papillomatesis is a term applied to a condition in which multiple papillomas appeared on the mucesa, histologically no different from a solitary growth of the same structure. He believes that it is due to a virus, his work has been supported by other investigators in the etiology of common warts. In support of this conception, Kirwin treated the same by excision with electric loop and sterilization of the mucesa of the bladder by application of 50 per cent phenol in glycerin for three months, followed by 95 per cent alcohol

Jewett<sup>13</sup> emphasizes the importance of rectoabdominal palpation under anesthesia in the selection of cases for cystectomy. In the past two
years be has transplanted bladders in 31 patients,
26 of whom had extensive carcinoma of the bladder. The majority had been under conservative
treatment elsewhere for months, and sometimes
for years. In 15 of the cases palpation of the
bladder from within the peritoneal cavity at laparotomy disclosed a larger tumor than was suspected. In 4 of the 26 cases the bladder was inoperable. Jewett's conclusion, therefore, is that
the usual methods of examination are inadequate
to establish operability. He classifies tumors of
the bladder into three groups.

Group 1—the nonnfiltrating tumors The diagnosis is established cystoscopically. If the mass is extensive so that the possibility of infiltration cannot be excluded, rectoabdominal palpation under anosthesia is advised

Group 2—infiltrating tumors completely confined to the wall of the bladder The appearance of the tumor and the surrounding mucosa suggest some infiltration.

Group 3—infiltrating tumors with perivesical extension, with or without metastasis. In this unfortunate group, total cystectomy in a major ity of cases cannot be performed, this fact is indicated by (a) a large, hard, irregular mass extending beyond the wall of the bladder and palpated through the abdomen, (b) thickening and induration in the inferolateral ligaments of the

## Penicillin in Genitourinary Infections

One thousand, four hundred and fifty-five cases were treated at the National Naval Medical Center 28 There were 711 male patients with gonorrhea The preparation was originally given by the intravenous drip, but this was supplanted by intramuscular injections Twenty thousand units were administered every three hours for five doses, and 98 per cent of the cases resulted in cure In the 2 per cent that were considered failures, cures were obtained by additional administration of 100,000 or 200,000 units, and no cases were found to be resistant to penicillin Studies were made of the urethral and prostatic secretion to determine the response to treatment Hourly smears were made from the urethra and it was noted in many cases that in two hours the gonococci had disappeared, and within six hours no organisms could be found in any case clinical response to penicillin is most spectacular, especially in the cessation of the discharge, but occasionally a mucopurulent drop may exist for several days and then disappear spontaneously

Complications of epididymitis or acute prostatitis were treated similarly with the same spectacular results In each case, only three to four days were required for the prostate or epididymis to assume its normal size Gonorrheal arthritis was treated but no benefit was noted

In 29 female patients success was noted in 23, failure in 2, and indifferent results in 4

In genitourinary tract infections, aside from

gonorrhea, satisfactory response was noted to the preparation, especially in the gram-positive infections

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## HEART ATTACKS

Why are there so many heart attacks nowadays? First, there are more people, our population is Many times an incorrect conclusion is made. A man or woman falls down from sheer evhaustion or heat prostration and is registered as "heart attack" Oftentimes a dilated stomach filled with gas and coming under the head of indigestion is called a heart attack, but more frequently a case of true heart attack is termed "indigestion" If you have a pain in your chest or become short of breath see your doctor at once This pain or discomfort is nature's red flag of danger Do not dis-regard it Many a case of pain in the chest proves by careful physical examination and by the electrocardiogram to be a true heart condition I think the early hie of many people is conducive to heart attacks. When I was young, drunkenness was considered a disgrace but now it seems to be an achievement The majority of teen-age boys and girls both drink alcoholic liquor and smoke That this use of alcohol and tobacco in early life is conducive of later conditions of heart trouble to me seems quite reasonable Late hours, irregular meals, excessive sexual habits, worry, family fights, lack of household help—all tend to promote heart attacks

If you make out your income tax wrong you go to

pail—if you make it out right you go to the poor house Do not get "symptom conscious" Do not feel your pulse every once in a while or press your abdomen to see if you have a pain Do not try to count your respiration You cannot do it mins are important, but I disapprove of their commercial use by radio and literature You need vitamins and most of them are contained in sunshine, fresh air, and good substantial foods such as fruit juices, cereals, bread, butter, milk, eggs, meat, fish, and good substantial foods such as fruit juices, cereals, bread, butter, milk, eggs, meat, fish, and good substantial foods such as fruit juices, cereals, bread, butter, milk, eggs, meat, fish, and good substantial foods such as fruit juices, cereals, bread, butter, milk, eggs, meat, fish, and good substantial foods such as fruit and green vegetables Go to your doctor and have a thorough physical checkup once a year even though you feel well Cows, pigs, sheep, and horses get this core why not you. get this care, why not you?

We readily may compare our average lives with the highways of yesteryear and today ago a few horse-drawn vehicles used the road trotting along at a slow and easy pace No one seemed to hurry and life took on an even tone Nowadays our broad concrete highways are crowded with automobiles driving at high speed giving to life the hurry and sourry of near madness

The two great factors in the causation of heart attacks are first, severe emotional strain, second, the difficult times in which we live—T W K, in Nassau M News, Jan, 1945

#### PUBLIC HEALTH, HYGIENE, AND SANITATION

F E COUGHLIN, M D, Albany, New York

A LTHOUGH public-health programs in the year 1944 by the shortage of trained personnel due to the needs of the armed forces, considerable progress was made in several fields and developments are underway which give great premise of accomplishments in the postwar period

Among the highlights in public health, hygiene, and sanitation are those related to acute communicable diseases, tuberculosis, syphilis, the war emergency program for materiaty and miant care,

and labor camp sanitation

#### Acute Communicable Diseases

The incidence of certain acute communicable diseases during 1944 in upstate New York offers a suitable background for considering recent advances in this field that seem to be of particular significance to health in New York State

The disease which dominated the picture in 1944 was poliomyelitis, with 4,192 cases and 234 deaths reported, comprising the largest number of both cases and deaths due to this disease reported for any year since 1916 The major focl were in Eplde-Eric, Chemung, and Steuben counties miologic studies made by the State Department of Health revealed nothing to alter the view that the usual mode of transmission is through person-to-person contact, with the paralytic form of the disease forming only a fraction of the total number of cases About one third of the reported patients suffered no paralysis These findings are in keeping with the reports in the literature which indicate the wide dissemination of policmyelitis virus ın human carriers during epidemic periods A study of the possible therapeutic effectiveness of buman gamma globulin in the proparalytic stage of the disease was conducted in Elmira and Buffalo A preliminary report of the findings indicates that the gamma-globulin solution was of no discernible value under the conditions studied

The epidemic incidence of meningococcal meningitis, which started in 1942, continued during the past year with a total of 790 reported cases as compared to an innual average of 123 reported cases for the five-year period preceding the outbreak. This epidemic wave is a reflection of a country wide increase in inadence which, fortunately, has shown, during the first three months of 1945, a decrease of over 50 per cent compared with the same period in 1944. It is interesting to note that only 17 per cent of the reported patients

are listed as having died from the infection. This compares favorably with the experience in 1918, another war year, when 86 per cent of the reported patients died. No doubt better means of thorapy (sulfa drugs and penicilin) and better case reporting are factors in the relatively low case fatality rate in 1944. Reports? In the prophylactic use of sulfadianne indicate the value of this drug in preventing meningoeoccal infection under the controlled conditions studied.

A fatal case of human rables occurred during the year, the first in an upstate resident since 1930 This can be considered a natural sequel to the continued spread of canine rables in the State Renewed interest is being abown in vaccination of dogs as a means of controlling the dis-Studies by Johnson' clearly show the effectiveness of vaccination of dogs both in the laboratory and, coupled with the climination of stray dogs, in cradicating the disease frem an infeeted focus An amendment to the New York State Public Health Law, effective April 2, 1945. takes cognisance of these facts by making it permissible under certain conditions for does in areas certified for rabies to be allowed at large if vaccinated against rables

The problem of tropical diseases in returning multary personnel is growing and undoubtedly will continue to do so It is the feeling of health officials that there is little reason to believe that any of this group of diseases will offer an important menace to the civilian population of New York State Malaria is probably the only possible exception to this statement However, even though small localized outbreaks do develop. prompt diagnosis, adequate therapy, and mosquito control measures, including the use of a mobile DDT insecticide unit assigned to the affected area by the United States Public Health Service, should be adequate to handle the prob-The major responsibility will probably fall on the practiong physician, who is faced with the problem of properly diagnosing and treating many of these obscure illnesses in returning troops During 1944 240 cases of malaria were reported from upstate New York. Only 4 of these occurred in individuals infected in this State, and in only 2 of these was infection acquired by natural mosquito transmission these two cases the original infection apparently came from imported Mexican laborers rather than from military personnel

It is worth recording a number of all-time low

records established for the upstate area. During the year there were reported 5,413 cases of whooping cough, the lowest number since 1911, and only 29 deaths, the lowest on record. The roles played in this reduction by whooping-cough vaccine in prophylaxis and sulfonamides in treatment of the complicating pneumonias is difficult to assess. In both diphtheria and typhoid fever all-time low records were established for both cases and deaths, with 97 cases and 7 deaths from typhoid and 66 cases with 3 deaths from diphtheria. The 6 deaths attributed to scarlet fever represent the lowest on record

Of considerable importance to those interested in the problem of the spread of air-borne infection are the reports in recent literature concerning practical means of controlling the spread Much of this work has been done under the aegis of the United States Army and Navy The role of sulfadiazine prophylaxis in meningococcal infection has already been noted In addition, extensive studies conducted on a large scale by the United States Navy have shown quite conclusively that such prophylaxis is of value, under the conditions encountered in paval training schools, in preventing most of the common bacterial infections of the respiratory tract The importance of dust in the spread of respiratory infections has been reconfirmed by recent works showing the effectiveness of the oiling of floors and bedelothes in reducing bacterial counts of the air on hospital wards, and in reducing the incidence of cross infections, particularly those caused by beta hemolytic streptococci,

The use of the aerosol vapor, triethylene glycol. has seen fairly extensive practical application in hospital wards and naval barracks A report<sup>7</sup> of the effectiveness of this measure in the wards of a convalescent hospital indicates a 97 per cent reduction in total air-borne bacteria and a remarkable reduction in miscellaneous respiratory infections as compared to control wards Other investigators, have found the combination of triethylene glycol aerosol with oil treatment of bedding and floors far more effective than either measure alone Finally, ultraviolet light has been shown to be of practical value in controlling cross infections in hospital wards, and spread of measles and chickenpot was apparently prevented in schoolrooms 10 A study has been organized by the New York State Department of Health<sup>11</sup> to ascertain the effectiveness of ultraviolet light irradiation in controlling air-borne infection in central rural schools. The ultimate place assumed by each of these various control procedures in the armamentarium of communicable disease prophylaxis cannot be predicted at this time, but it is reasonable to assume that all of them will have some practical application

#### Tuberculosis

Provisional figures for 1944 indicate that the upward trend in tuberculosis deaths among residents of upstate New York which was observed in 1942 and 1943 has been reversed. The number of deaths in 1944 was 2,012 as compared to 2,111 in 1943 and 2,029 in 1942. There was a corresponding decrease in the death rate to 32 6 per 100,000 population in 1944 as compared to 34 4 in 1943 and 33 2 in 1942.

Efforts have been maintained to carry on the fundamental procedures of case finding, segregation and treatment of infectious cases, and follow-up and supervision of diagnosed cases and their contacts

One of the notable recent developments has been the great impetus to tuberculosis case finding provided by the expansion of mass methods of chest x-ray examination. Such x-raying of candidates for the armed forces, of industrial workers, and of other groups of the population has resulted in the discovery of large numbers of previously unknown cases, with a large proportion of them in the early stage of the disease. The tremendous value of this method of case finding has been amply proved and its further extension is therefore indicated

## Syphilis

Despite the loss of men of military age from the population, cases of syphilis in the communicable stages were reported in upstate New York at a level of 30 per cent above that of the prewar years The actual number of cases was 1,347, as compared with an average of 1,037 per year before the war Fifty-five per cent more females in the upstate area were reported in communicable stages in 1944 than in the prewar years Negroes made up 44 per cent of the communicable cases, though this race makes up only 2 to 4 per cent of the upstate population In New York City 54 per cent more cases in the communicable stage were reported, totaling 4,713 in 1944, as compared with 3,079 in the prewar years Here, too, the increase is most marked among women and especially great among Negroes There was a marked increase in both areas in the teen-age group, from 15-20 years of age

In order to check this increased spread of syphilis, facilities for the rapid treatment of cases in the communicable stages were established throughout the state. An entire building at Bellevue Hospital and beds in wards of general hospitals in four upstate cities were devoted to therapy with penicillin and other agents which could be administered in a period of seven and a half to ten days, beginning in the last quarter of the year. Patients were referred to these facilities in numbers increasing each month so that by

the end of 1944, even though this program had only been operating for a fraction of the year. 1,958 patients had been given rapid treatment

#### Sanitation

The effort to maintain the nation's food supply required the importation to New York State during 1944 of an unusual number of migratory farm laborers, creating added problems in camp sanitation in some sections of the state and necessitating revision of the Sanitary Code regulations to adequately meet the altered situation cial emphasis is being given to medical and nursing care, proper housing, and other health problems for these migratory workers

The Mutual Aid program, established as a defense measure, has emphasized the need for the better coordination of sanitary facilities and services in the state A considerable amount of new construction of samtary facilities, such as water purification plants, and sowage-treatment and garbage disposal plants, is being planned as

postwar projects

The developments in the field of small-capacity, low-cost pasteurizers, interrupted by the war, are expected to increase the availability of pasteurized milk to small communities when critical materials are again available

The experience gained during the war, the new construction and developments are expected to result in the more efficient solution of peacetime

problems in the field of sanitation

#### Federal Emergency Maternal and Infant Care Program

One of the major activities of the New York State and New York City Health Departments was the administration under the supervision of the Children's Bureau of the United States Department of Labor, of the Emergency Maternity and Infant Care program

This program, established as a war omergency

measure, provides for maternity care of the wives of men in the fourth, fifth, sixth, and seventh pay grades of the United States Army, Navy, Marine Corps, or Coast Guard and for modical care of their infants (under 1 year of age) The enlisted men clumble for these services constitute 93 per cent of all enlisted men in the armed forces

The program was officially instituted in New York State on July 1, 1943, but was not fully developed in the State until 1944 Up to December 31, 1943, 12,648 applications (exclusive of New York Clty) were received for maternity and infant care During 1944 a total of 52,404 applications (exclusive of New York City) were received for maternity and infant care. This was an average of 4,367 applications per month 1944 the payments made for medical, hospital. and nursing care in upstate New York amounted to \$1,628,637 65 The average monthly number of applications received during the first four months of 1945 was approximately the same as the monthly average during 1944

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#### A LAYMAN LOOKS AT DOCTORS

This Journal has had occasion in the past to quote from Winston-Saleun's printer-philosopher Mr John Wesley Clay, whose syndicated column "My Notions" appears in a number of daily papers. His column for January 10 paid a splendid tribute to the medical profession

"Time was when typhoid fever was an annual scourge in these parts. Hardly a family escaped its ravages. The victim would languish for days with a burning fever his strength would ebh away, and after suffering from one to two weeks would either die or recover sometimes remaining a semi invalid for a long time. The disease was no respector of persons.

"It attacked the robust and strong as well as the

physically weak
But thanks to the modern doctor typhoid fover has been put to rout. One of the greatest sources of income to the old-fashioned family physician has been done away with, by the doctors themselves, in the elimination of typhoid fever

That is one of the reasons why we hold the medical profession in such bigh esteem Disease is bruad and butter to the physician, yet he deliberately kills his source of income. They are among God s noblemen. We would hate to see government or politics interfere with this hrilliant and noble class of men."—North Carolina M. J., Feb., 1945

## PHYSICAL MEDICINE

Walter S McClellan, M D , Saratoga Springs, New York

IN DECEMBER, 1943 the Council on Physical Therapy of the American Medical Association recommended that its name be changed to the Council on Physical Medicine In June, 1944 the House of Delegates approved the recommendation 1 Following that action the American Congress of Physical Therapy, which represents the largest body of physicians using physical agents, changed its name to the American Congress of Physical Medicine, and the Society of Physical Therapy Physicians became the Society of Physical Medicine These changes give recognition to the fact that physical agents are used in a wider field than just in treatment Diagnostic procedures, such as the testing of nerve function in nerve injuries, the cold-pressor test for potential hypertension, and studies of surface temperature under conditions of heat and cold in the field of peripheral vascular disease all represent the application of physical agents in the diagnosis of disease The change also emphasizes that physical medicine as a specialty is on a par with other established specialties The Council of our State Society approved the change in the name of our Session to conform with the other organi-

Physical medicine has, during the past year, received very strong support from outside sources. The National Foundation for Infantile Paralysis made a substantial grant of funds to the University of Pennsylvania to establish a center for instruction and research in physical medicine. Dr Piersol, the director of this Center, has described the aims and goals of this center to be

1 The fostering of research designed to evaluate existing technics

2 To develop a broad educational program for physical medicine

3 The improvement of physical medicine in hospitals so that it would be recognized as a useful, necessary adjunct in the practice of medicine and surgery

Also, early in the year, as the result of a careful study by a group of men, the Baruch Committee on Physical Medicine made substantial grants to a number of universities to foster the scientific evaluation and increased clinical application of physical agents. Krusen summarized the preliminary studies of the Committee and reviewed the recommendations which apply to both an immediate and a long-range program for the development of physical medicine. The great problem in the development of both of these proj-

ects is the securing of adequate personnel, both for teaching and for a sufficient number of physicians and technical staff interested in the program. There is no question but that the end of the war will see a real expansion in the work sponsored by these Foundations.

Physical medicine is closely knit with military medicine From the forward lines to the convalescent program of the interior the use of physical agents is employed at practically every step Huddleston and Pruce have shown how this program may be applied at various levels naval medical group, Rudd' has ably described the work of the physical therapy department and Drewyers has described the excellent program developed around the use of the natural waters at Glenwood Springs Drewyer and Hughes' reported that, with the elevation in body temperature which occurred in the natural steam caves of Glenwood Springs, recurrent symptoms of malaria developed in patients whose infection had been quiescent With this activation the application of the usual therapeutic procedures resulted in an apparent arrest of the disease in the greater percentage of patients

No consideration of military medicine can escape the general problem of rehabilitation of the mjured serviceman or -woman Krusen<sup>10</sup> emphasized that rehabilitation must carry the individual from the time of the injury to the time that he is returned to earning capacity and actively employed His nine-step program carries the patient through the medical treatment, the convalescent program, occupational therapy, vocational guidance, training, and evaluation, and the final placement of the individual in some useful occupation It is clear that physical medicine plays an important role, and the coordination of the use of its services with those of the other departments is important in reducing the time of disability as well as in aiding the completeness of recovery

Rehabilitation is not limited to military personnel. The programs developed by Molander, 12 Storms, 12 Coulter, 13 and Zeiter 14 for the care of injured civilian and industrial personnel all employ physical agents to a great extent.

The work of the occupational therapist is closely related to the problem of rehabilitation. The importance of this individual in the program has led to the closer association of the departments of physical therapy and occupational therapy. Many observers feel that these two depart-

ments should be closely integrated and under the direction of one physician. The emphasis in occupational therapy today is the employment of procedures as closely related as possible to the work of the injured individual. In this way it can be determined sooner and with greater accuracy whether or not the individual can take up the work that he was deling before he was mured.

Progress in any field of modicino requires study of the underlying principles related to that field Just as the Internist must have a therough understanding of physiology and hiochemistry or the surgical specialist a careful knowledge of anatomy and body mechanics, so the person who applies physical angents in the treatment of discase must have a careful understanding of theoretic physics, applied physics, and hlophysics to intelligently utilize these agents. Glasser<sup>14</sup> has emphasized this factor, and the Beruch Committee on Physical Medicine<sup>14</sup> has made provision for specific study of physics as related to this field of medicine.

In the specific application of physical agents in various disease conditions many interesting developments have occurred. Space will limit their full development and only n brief mention of

some of these can be made

An epidemic of pollomyclitis hit the country during 1944 end was particularly severe through various parts of our own State. The supporters of the Kenny treatment as well as those who expressed some disagreement with her program have had the opportunity of testing its value, hut sufficient time has not passed to properly evaluate this experience O'Connorty has given us the story of the Kenny method, and a critical review of her work has also been presented Sister Kenny has focused attention on the problem of poliomyelitis and all physicians have resurveyed the information about this disease Watkins and Brazier,19 in the study of muscle strength, electrical excitability, and electromyograms of patients with poliomyelitis, have given us basic tools with which to evaluate this clinical They also applied these tests to poripheral nerve injuries and some other physical cenditions Their findings represent the development of methods by which the extent or progress of recovery can be determined interesting approach in this field is the work described by Miley, to who used the Knott technic of blood irradiation therapy with the Kenny treatment in 58 patients with acute poliomyelitis He reported a more rapid subsidence of the taxo symptoms of those patients who were treated with blood irradiation as compared with those treated by the Kenny method alone This work has not been carried to the point where a final opinion can be expressed on the results

Significant developments in the field of combined fever and chemetherapy have been reported by Kendell and his coworkers, <sup>21</sup> by Licht and Dick, <sup>22</sup> and by Phillips and Mundorff, <sup>23</sup> patients resistant to the sulfa drugs additional progress was made by combining them with fever therapy in the generated infections. The present use of peniculin will, no doubt, modify to some extent the application of the combined fever and drug treatment, but Kondell has continued his studies in this field at the Intensive Treatment Center for syphilis in Chicago

In the treatment of mental discuses the use of electric shock therapy has been widely extended While there is a difference of opinion among various observers in this field, approximately half the patients given electric shock treatment develop satisfactory and prolonged remissions so that they may be returned to normal earning status. The use of curare as described by Kulterti's is a valuable aid in controlling the extent of the convulsion associated with the shock treatment and will be

helpful in extending its opplication

The application of heat in the treatment of pationts with shock from any cause has been care-Colo24 pointed out that fully studied recently heat is detrimental because it increases the metabolle rate, which, because of the increased oxygen requirement, eccentuates the anexemia produces vasodilatation with further decrease in blood pressure and blood flow. There is an increased loss of fluid by perspiration It is, therefere, impossible to place too much emphasis en the proper application of heat in patients with There is no question but that the pilling on of blankets, the use of hot-water bottles, and the application of heat cradies have been detrimental in many patients and may have been n real factor in the fallure of the patient to respond

"Refrigeration anesthesia" has been well described by McElvenny, has Allan, and by Lam. The opplication of cold is based on sound physiologic principles, since it will decrease metabolism and aid in preserving damaged

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Further description of the treatment with ultraviolet hlood irradiation has been reported by Bradley<sup>28</sup> and Miley <sup>28</sup> They report good results in treating patients with severe infections. With the development of penicillin, many of these patients, of course, are adequately controlled However, further study of the use of hlood irradiation in those patients with infections which do not respond to either penicillin or the sulfadrugs is indicated

A series of articles has recently appeared describing the work which is carried on in the spas where the use of natural agents, particularly

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mineral waters and muds, plays an important part in the spa program 31

The early application of physical medicine in the treatment of fractures has been stressed by Stewart32 and many others Its wide application in the field of arthritis is well recognized

Carter<sup>33</sup> has described the recommendation for wave allocation for the use of diathermy machines which may limit somewhat the use of machines already in operation

Buckelew34 and Regan and Hibben35 stress the necessity for physicians using physical agents to have adequate records, protective devices on their apparatus, and in every way possible guard against the malpractice suit which may be initiated by the patient who is burned or who does not have a satisfactory response to the treatment

Physical medicine is growing and progressing Its application in the treatment of patients is being placed on a firm, sound foundation direction of the program must be in the hands of a trained physician in order to expect satisfactory results from the treatment This physician must be a copartner with the other physicians on the medical staff of any institution in order to have satisfactory and proper cooperation

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## "DOCTOR JONES" SAYS-

One of Channing Pollock's stories I read a while ago-it was about some people that bought an old place in the outskirts of a city It was an unattractive neighborhood poor roads, a few run-down houses, a rubbish dump in the offing—that sort of

Well, they began fixing the place up changed the house over so it was artistic, set out trees and shrubbery, laid out a drive-way and all that After a little the idea began to spread The neighbors began fixing up and the city paved the street People began buying lots and building good houses Now it's an extra nice residential section

It all started from those first people fixing up their own place. And, the moral of the story if we want a better world, the most convincing way to go about getting it is to improve conditions where we are

A fellow I heard about a part of his job every day is expounding the virtues of one of these patent remedies for prevention of colds-we'll call it Sniff Snuffer A friend dropped in on him one day and found him dragging around, himself, with a bad cold "Well," he says, "can't be you used Snuffer" He gave him a funny look—"Oh, that

stuff!" he says stuffi" he says Well, anybody't felt that way about it he couldn't be a very convincing salesman If he could demonstrate, from his own experience, that it was as good as he claimed it was, less eloquence might carry more conviction

This same general idea, of course, applies to public health as well as other things I don't see many people but what want to have good health themselves and'll agree that it's essential to their individual success and happiness But what ain't so easy for 'em to see—some of 'em—is that they can't assure their own good health just by looking out for themselves

The best place to be healthy is a healthy community but healthy communities don't just happen. They're made that way by application of measures that're well known and well proven It takes more'n a good health officer to do it He's got to have back of him people that understand what he's trying to do and why and are wholeheartedly for it In s.ort, the best way to start improving conditions is to let our own lights so shine that men can see our good works and see't they are good -Paul B Brooks, M D, in Health News, Feb 19, 1945

#### DERMATOLOGY AND SYPHILOLOGY

#### E WILLIAM ABRAMOWITZ, M D, New York City

A REVIEW of the literature on dermatology and syphilology during the past year elows many reports from the armed forces dealing with sickness of a dermatologic nature. All the common dermatoses are encountered, especially scalles, pediculosis, impetigo, and fuogous infection of the skin. Eczema in the form of contact dermatitis, also intertrigo, prickly heat, furunculosis, and other forms of pyodermas produced mainly by the staphylococcus and streptococcus are common, just as they are in civil practice.

Two agents against pediculosis have attracted attention One is D.D T \* powder, in use at present by the armed forces, for eradication of body lice This preparation is not available for civilian use as yet. It has a lethal effect on lice and nits Its possible usefuiness in other parasitle diseases. such as scables, creeping eruption, and fungous infection is availted with interest The other agent recommended for pediculosis capitis is a lotion containing 40 per cent phenyl cellosolve, 30 per cent ethanol, 5 per cent methyl salloylate, and 25 per cent water This preparation is rapidly effective, easy to apply, economic, and not as clumsy to use as the older methods of treatment.1 Benzyl benzoato is used by some dermatologists for the treatment of scalies It is usually used in a 25 to 50 per cent concentration in an emulsified base It was originally recommended by Kissmeyer' as a more effective and less troublesome method of treatment.

Dermatophytosis is still a therapeutic problem. the evaluation of the therapy of "athlete's foot" is difficult. Infection with the common fungi like trichophyton gypseum, epidermophyton inguinale, etc., will subside with soothing applications in the acute phase, with some mild stimulating agent (resorcin, crude coal tar, etc ) for the subacute stage Trichophyton purpureum infection is, at present, difficult to eradicate, no matter what method of treatment is used Marchionini, Hermann, Peck, Rosenfeld, and recently Keeneys chowed that certain fatty acids, present in sweat, may act as prophylactic and therapeutic agents for various fungous infections of the akin. This has led to the use of sodium proplomate in solution, powder, or outment for athlete's foot, tinea cruris, and otomycosis Other fatty acids are also being advocated

Toxic eruptions known as dermatophytida may appear, especially on the hands, when there

\* Dichlorodinhenvi-triehloroethane.

is an active form of fungus on other parts of the body. They are acute episodes and subside under mild local applications. Chronic exemutous eruptions of the hands are rarely lds and are due either to contact with various agents, bacterids, pustular psoriasis, or some other undetermined cause.

There is an increase in tinea capitis among children in various cities throughout the country \(\lambda\)-ray opilation has been proved to be most effective, for most of the cases are due to Microsporon audouini Various antiseptics in penetrating bases are also being tried. The control of the spread of infection is being belped considerably by the detection of new cases by means of the ultraviolet lamp screened by Wood's filter.

Dermatologists have concerned themselves with a study of cleansing agents and wetting agents that have the ability of increased surface action on the skin. They may be used as vehicles for active drugs that are employed as topical remedles for various skin diseases. These newer vehicles are generally higher fatty alcohols (sodlum lauryl sulfate), sulfonated oils, and purified cholestermized compounds (aquaphors) that make excellent creams and emulsions. They are easily removed by water and are generally nonirritatlng Somo wetting agents possess strong antiseptic action (zephiran, phemeroi) and are believed superior to tincture of lodine, various mercurials, and alcohol ' Zephiran oblorido is a cationio synthetic liquid detergent (high molecular alkyl-dimethyl-benry l-ammonium chloride) whose use causes a rapid degermination of the skin \* Another compound—G11\*—incorporated in soap has been found by Traub and coworkers to maintain a low bacterial count on the skin

Among the antiseptics those of prime importance are the newer antibiotics, like penicillin, tyrothricin, and the sulfonamide drugs. The sulfonamides have a definite place in the treatment of various infections of the skin like erympelas, chancroid, and lympliogranuloma venereum Some success has been noted with sulfapyridine in dermatitis herpetiformis Oral administration is employed The local application of these drugs in localized superficial pyogenic infections, impetigo, folliculitis, etc., is hampered by the frequent development of sensitization if continued over a period of five days or more 7 Penicillin ointment is being tried in impetigo, sycosis vulgaris, and other forms of superficial infections

<sup>\* 2,2&#</sup>x27;-dibydroxy-3,5,6,8 5'6 -hexachloro-diphenyl methane

of the skin due to the staphylococcus, streptococcus, and other gram-positive organisms. These ointments retain their potency for weeks if kept in a refrigerator. They are less sensitizing than the sulfonamides and may become the treatment of choice for the pyodermas.

Tyrothricin is of value as a wet dressing in infections of the skin due to gram-positive organisms, particularly in chronic ulcers of the leg It appears to possess tissue-stimulating properties.

The local treatment of burns is still in a state of flux. Burns of a minor nature will heal under any conventional method. It is important to prevent infection, once it has developed penicillin in preference to the sulfonamides locally may prove to be most beneficial. Tannic acid preparations are no longer recommended.

The treatment of acne vulgaris remains, as in former years, the proper hygiene of the affected areas, including the scalp Elimination of chocolate products in the diet and the avoidance of iodized salt is believed to be beneficial Local cleansing of the affected area with a stimulating. antiseptic, and astringent lotion (lotio alba) is the standard treatment, x-ray therapy is applied in special cases Vaccines, estrogenic substances, and other measures are still sub judice Vitamin A in large doses is being tried, and the results are still being observed. However, care should be used in its use, as it is reported that large doses of vitamin A given over a prolonged period have caused hypoprothrombinemia and other ill effects in rats 10

Urticaria of the chronic recurrent type remains a problem to be solved. Histamine azoprotein<sup>11</sup> has been reported as successful in cases attributed to physical allergy and other allergic states. Urticaria is often of a psychosomatic nature Emotional upsets apparently interfere with proper digestion and the split products may be responsible for the recurrent outbreaks.

Venereal warts have been successfully treated with a 25 per cent suspension of podophyllin in petrolatum <sup>12</sup> Usually one application is necessary Sulzberger and Baer<sup>12</sup> suggest a trial in other types of warts Immunization therapy by means of extracts of warts as suggested by Biberstein<sup>14</sup> may be employed in cases in which recurrences develop

X-ray therapy of various skin diseases has been most helpful in the hands of dermatologists trained in x-ray technic. The treatment of cancer of the skin has been handled by the dermatologist with either x-rays or other physical modalities as indicated. When such treatment is not considered advisable, cases have been referred to the surgeon.

Radiodermatitis is not at present observed

as commonly as in previous years Plastic surgery is usually necessary in such cases, unless the radiation sequelae are of minor nature

The term "eczema" is still retained, although it is considered by many dermatologists to be synonymous with dermatitis When proved to he due to contact with irritants or sensitizing agents, it is generally designated as contact dermatitis or eczema venenata Seborrheic eczema. nummular eczema, infectious eczematoid dermatitis, and dermatitis hemostatica are recognized as separate entities because of causative differences Infantile eczema is called atopic dermatitis because of the accepted belief that such cases are of an allergic character The seborrheic type of eczema (infants, adults) is believed to be parasitic and is treated accordingly ural, papular, and lichemified eruption in adults is called neurodermatitis. It is, in many cases, the continuation of the atopic dermatitis of infancy, and is associated with a family history of allergy or with symptoms of a specific allergic nature Psychosomatic influences have been stressed by other observers, who are inclined to doubt the purely allergic character of generalized neurodermatitis

Occupational derinatitis, especially that occurring in war industries, has received considerable attention in recent years. The list of such contact agents is legion. The investigations by Louis Schwartz and Samuel Peck of the US Public Health Service have been particularly helpful in detection of the responsible agents and in measures for the prevention and treatment of occupational dermatoses.

Poison-ivy dermatitis and dermatitis from allied plants have also come in for their share of investigation. Stevens has recently summarized for the Council on Pharmacy and Chemistry of the American Medical Association our kowledge of this comparatively common skin disease. He concludes that the treatment with poison-ivy extracts in the acute stages of the rash should be discouraged. Immunization may be practiced by the weakest dilution of the ivy extract in consonance with the sensitivity of the patient.

Virus diseases of the skin have been receiving increased attention from dermatologists. Biberstein is employing a stock vaccine prepared rom the vesicles in herpes simplex to prevent recurrences of this troublesome eruption. Anderson has suggested repeated vaccinations (sometimes effective in simple herpes) in erythema multiforme. Eczema vaccinatum and varicelliform dermatitis are considered to be of a virus nature Lymphogranuloma venereum is another virus infection that is being recognized with increasing frequency.

The treatment of the chronic discoid type of

lupus erythematosus and the subscute disseminated type is injections of gold or bismuth Some resistant cases have responded to intravonous therapy with mapharsen. The cause of the disseminated type of lupus crythematosus remains undetermined Treatment at best is only pallia-

Pemphigus has continued to be a puzzling cutaneous disease. Some patients with a benign type apparently recover irrespective of the method of treatment. The more acute and toxic types are usually fatal but occasionally respond to large doses of arrenic, vitamin D (dehydrotach) sterol), or nathuride (germanin) It is not strictly limited to the Jewish people, as some believe

Some new agents have been recommended for Remedies are suggested the cure of psoriasis based on their lipotropic action. A sarsaparilla extract and a soybean lecitlin preparation, together with a fat-poor diet, are being advocated Madden<sup>17</sup> prefers large doves of thiamin Goldfarb" reported cases favorably affected by vitamin P, because it reduces the increased vascular permeability which is behaved to be a factor in this dermatoris The Goeckerman treatment, the use of a coal-tar outment combined with ultraviolet ray radiation, is apparently as effective as any at present

Considerable attention has been pald during the past few years to the recognition of the falsopositive serelogic reaction for syphilis in tho blood and spinal fluid that has been reported from several sources in patients who apparently show no other evidence of syphilis Recent vaccination, malarial infection, typhoid or tetanus immunization, loprosy, or, in fact, any acute febrile disorder, may cause such nonspecific false biologic reactions. They are, however, not of lasting nature and disappear after several They have been more common since the general practice of premarital examinations. Such reports, when falsely interpreted, have led to much distress and serious consequences

The treatment of syphilis since the discovery by Mahoney in 194319 that penicillin is an antispirochetal drug may lead to a revision of present plans of treatment based on the arsenicals and heavy metals. Various organized groups throughout the country are following up cases now running into thousands that they have treated with penfellin in the various stages of the disease Reported results so far are favorable The number of Oxford units of penicillin necessary to achieve ontinum serelogie and clinical results remain as yet purely ompirie. The fear of serious reaction is practically eliminated Long-term observation is required to insure the absence of future relapses, both clinical and serelogic

Many investigations on tropical diseases such as leprosy, oriental sore, filarial infection, and also some of the rare dermatoses, and research of a pharmacologic, physiochemical, and immunobiologic nature concerned with dermatology have been omitted for brevity It is surprising that, in view of the limited facilities at the disposal of dermatologie departments in this country, so many and so varied investigations can take place It is hoped that, in view of the importance and prevalence of various dermatoses, more hospital beds and laboratory space will be allotted to those interested in skin diseases to provide and encourage still more investigative work in this important field

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#### MEDICALLY DESCRIBED

A patient who complained of digestive troubles was told by a specialist that he was drinking too

"Well" said the patient, "what am I to tell my wife?" The doctor thought for a few minutes, then said "Tell her you are suffering from syncopation. That will satisfy her "

The patient did as he was told "What is synco-pation!" asked his wife "I don't know," said the hushand, "but that's what he said."

19 Mahoney, J. F., Arnold R. C., and Harris, A. J. Pub. Health 13: 1387 (Dec.) 1943.

When the husband had gone out the wife looked up the word in the dictionary, and found that it meant "Irregular movement from bar to bar"

## **OBSTETRICS**

## CHARLES J. MARSHALL, M D, Binghamton, New York

THE etiology of erythroblastosis fetalis is one of the most confusing subjects to understand. An entirely new conception of a causative agent for a disease must be learned by the physician Also, it is even more difficult to explain such a causative agent to the average patient.

About 85 per cent of the human population have a factor in the blood known as the Rh factor, they are called Rh positive At least six different Rh factors have been discovered If the factor is absent the person is called Rh negative

If an Rh-negative woman conceives a child by an Rh-positive man, the child may be Rh positive by inheritance. The Rh factor of the child causes anti-Rh agglutinins to be formed in the mother's blood, and probably this reaction causes also an outpouring of immature red blood cells into the infant's blood stream. These immature red blood cells are called erythroblasts. Prolonged cyanosis may also cause an outpouring of such erythroblasts, as in micrognathia. Still-birth and premature labor are frequent occurrences.

When the infant is born alive it often has severe jaundice or marked edema, with cyanosis, appearing soon after birth. A severe anemia develops, and the infant often dies. Examination of the blood shows many nucleated red cells. The normal number of erythroblasts in a normal newborn child is probably not over 5 to 10 per cent of the total red cells.

If severe anemia is present the infant should be given a transfusion with Rh-negative red blood cells. If the mother's blood is used, only the washed cells in suspension should be given

The mother of such an infant will occasionally have marked edema without other signs of pre-eclampsia. Excessive postpartum bleeding seems to be more common in such women, also

The antiagglutinins are present after four to five months gestation and several months postpartum as well. These will agglutinate Rhpositive red blood cells. Anuria and death can result from such use of Rh-positive blood.

Only blood plasma should be given until a compatible Rh-negative donor can be found. If Rh serum for testing is not available, the donor's and recipient's blood samples should be incubated for thirty minutes before cross matching, before every transfusion

Rh-positive blood should not be given to an Rh-negative woman, even if she is not pregnant.

No immediate reaction results, but antiagglutinins are then formed in her blood, and her first pregnancy may end in disaster

Often the first child escapes serious erythroblastosis, probably because not a large enough amount of antiagglutinins have been formed Each subsequent pregnancy usually becomes more hazardous for the fetus

The prognosis of future pregnancies can be surmised by testing of the husband's parents If one parent is Rh negative, the couple may have an Rh-negative child which will survive

An Rh-negative woman should only marry an Rh-negative man, unless we can discover some method of "immunizing" the mother during pregnancy

## Demerol Hydrochloride

Demerol hydrochloride is one of the newer drugs used for obstetric analgesia. It belongs to the piperidine group. It causes euphoria, drowsiness, and diminution of pain perception. Scopolamine is given with it to produce amnesia. Usually 100 mg of demerol is given each hour intramuscularly, with 1/100 grain of scopolamine as needed.

Although demerol seems safer than morphine or the barbiturates for the infant, it should be studied further. Demerol is much less depressing to the respiratory center of the mother and infant, but how safe it is we don't yet know. It may be used during premature labor, but not enough premature labors have been studied and reported upon as yet. Some persons have an apparent idiosyncracy to the drug. We have observed transient cyanosis in two mothers.

While the drug does not seem to cause as deep analgesia as the barbiturates, the patient is quieter and easier to manage during labor. It is a valuable addition to our list of analgesies

## Continuous Caudal and Spinal Anesthesia

The controversy about the use and abuse of continuous caudal analgesia still rages. Fortunately, the furor in the press has died down a little, and we now can use it or not, as we wish Several refinements in technic in continuous caudal analgesia have been reported. The new stainless-steel flexible needle has overcome the disadvantage of needle breakage.

Recently Downing et al 1 have described a change in the catheter technic which seems advantageous A 15-gage steel needle is inserted,

with the bevel up, about 5 to 6 cm into the sacral canal. The needle is then rotated so that the hevel is down Through this needle a No 4 nylon ureteral catheter is introduced, with the wire guide inside the catheter Before insertion the wire guide is withdrawn 2 cm, leaving a flexible The steel needle is withdrawn over the cathe-While the wire guide remains in the cathefer tor, the catheter may be moved higher up in the canal \* This apparently obviates the use of a special director, such as Irving2 uses for difficult cases.

Continuous caudal analgesia probably will not be used in a large percentage of cases, until a less toxic drug than those in use non has been discovered

Ullery and Hingson's have used continuous spinal anesthesia, by the Lemmon technic, in over 300 cesarean sections, without a maternal death

Continuous spinal anesthesia requires a small unitial dose of metycaine, usually 15 to 30 mg If the patient's blood pressure falls below 100 mm of mercury some of the drug may be withdrawn It is therefore safer than the "one-shot" epinal anesthesia, especially for cesarean section

Local anesthesia is probably the safest anesthetic for cesarean section. It may occasionally be difficult to use local anesthesis in a patient who has had several laparotomies and has dense abdominal adhesions, and in such a case continuous spinal anesthesia may be the method of choice Less uterine bleeding and less asphyxia of the infant are encountered with local or spinal methods

Above all, the ability of the anesthetist is the most important factor, no matter whether one uses other or any other drug

### Implantation of the Early Ovum

One of the most important contributions to the basic science of embryology and obstetrics has been the study of the development of the early human oyum.

Rock and Hertig' found twelve fertilized ova ranging in age from seven and a half to about fourteen days old Several hitherto obscure details of implantation and growth have been described The ovum apparently obtains nourishment until the twelfth or thirteenth day by actual ingestion of the endometrial stroma, and not from the maternal blood

Profound vascular disturbance takes place also about the twelfth day, and this may cause bleeding, or the "placental sign", or this may occur about twenty-six to twenty-eight days after the last menses

Five abnormal ova were found, all on the antorior wall of the uterus. One had a challow embedment, and the endometrium was of the late secrotory phase

Another abnormal ovum had a deficient trophoblast The placental site showed an excel lent decidual response. This makes one wonder if progesterone could prevent such abortions.

In order to aid the firm implantation of the egg, it is probably necessary to have a normal

supply of glycogen in the endometrium Hughes and Brewer have studied the endometrial curettings of normal women, sterile women, and those who have had several abortions A hydrolytic ensyme is apparently neces-

sary for the metabelism of glycogen

Twenty-seven sterile women showed a lack of glycogen, and treatment with hormones was of no avail Another group of 47 women had an irregular distribution of glycogen in the endomotrium, and enzyme determinations were below Some were benefited by thyroid extreet Sixteen were treated by estrogen therapy, and ten pregnancies resulted, a few were successful after being treated with a gonadotropic hormone

Women who have a lack of endometrial glycogen probably do not ovulate. Women who have some glycogen, but only a small amount of the ensyme, become pregnant occasionally, but they may abort

Hughes advises the use of small doses of estrogen before pregnancy, and estrogen and procesterone early in pregnancy to prevent abortions.

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#### THE SEED OF TUBERCULOSIS

Poverty or the fear of poverty, more than any other single factor, changes the tides of battle in favor of the tubercle bacillus in the individual or in the family Poverty engenders crowding, ignorance, nutritional deficiencies, and medical neglect, all of which create a favorable soil for the tubercle bacillus. The result is that benign infections become malignant, closed or sputum-negative cases become open or sputum-positive cases, the spread of germs becomes constant and massive, and cases multiply -Robert E Plunkett M.D., Connecticut State M J. Jan., 1944

## OPHTHALMOLOGY

## HAROLD H JOY, M D, Syracuse, New York

HE most significant feature in the progress L of ophthalmology during the past year has undoubtedly been the development in the experimental and clinical use of penicillin in combatting Owing to its importance this ocular infection review will be mainly confined to a discussion of this subject

#### Penicillin

Experimental —In rabbits parenteral administration of penicillin secures a much lower concentration in the ocular tissues and fluids than does local application 1-2 The simple instillation of drops or ointments containing penicillin does not produce a measurable amount in the aqueous, except in the presence of abrasion or ulcer of the corner 4

However, local application of penicillin in the form of the corneal bath, iontophoresis, the application of saturated cotton packs, or subconjunctival injection secures a high concentration of penicillin in the aqueous and in the anterior intraocular structures In comparing results with these methods von Sallmann' reported that iontophoresis was many times more effective than the corneal bath in increasing the concentration of penicillin in the aqueous humor. The highest concentration was obtained in the aqueous by iontophoresis, and in the cornea and the iris with chary body by the prolonged use of cotton packs, while values were somewhat lower after subconnunctival injection 5

Obviously, the highest concentration of penicillin in the aqueous humor is obtained by direct injection into the anterior chamber cedure causes only a mild transient inflammatory reaction in rabbits6 and is apparently without danger in human eyes 7-9 However, repeated injections may produce irreparable damage 10

In estimating the amount of penicillin in the aqueous humor of human eyes following topical application von Sallmann<sup>5</sup> reported that the values were more erratic than those secured in normal rabbit eyes, the average amount being about one twentieth

Experimentally, the local application of penicillin has proved effective in controlling staphylococcic infections of the cornea in and pneumococcic12 and staphylococcic12 14 infections of the anterior chamber Scobee14 reported that in anterior-chamber infections best results were obtained when local instillations were combined with intravenous administration of penicillin

In his hands injections into the anterior chamber proved disappointing

Sulfadiazine and sulfacetamide do not evert any noticeable antagonistic effect on the bacteriostatic activity of penicillin in vitro 15 Although sulfonamide compounds can be used in combination with penicillin, von Sallmann and DiGrandi16 concluded that in the treatment of staphylococcic endophthalmitis penicilin alone was just as effective

Penetration of penicillin into the rabbit's vitreous humor, and particularly into the lens is inconsiderable following parenteral administration or local application 2 10 16 On the other hand, a single injection of penicillin into the vitreous humor secures a bacteriostatic activity for more than twenty-four hours 17 A single intravitreal injection of 100 Oxford units of commercial penicillin does not cause any noticeable injury to the retina, lens, or optic nerve in rabbits, but repeated injections may produce severe permanent Rycroft<sup>18</sup> injected 1,000 to 5,000 damage 16 17 Oxford units into the vitreous humors of five senously injured human eyes without apparent damage Experimentally, staphylococcic and pneumococcic infections of the vitreous humor have been uniformly checked by a single intravitreal injection of penicillin, 10 18 17 and lenticular staphylococcic infections were arrested by a single intralenticular injection 6

It has been established that local instillations of drops or ointments are effective in external ocular infections produced by penicillin-sensitive The foregoing experimental evidence organisms indicates that anterior intraocular infections are best treated by the use of iontophoresis, cotton packs, subconjunctival injection, the corneal bath, or by direct anterior-chamber injection Such treatment may be supplemented by parenteral administration of penicillin or the sulfon-It would seem that deep intraocular infections are best attacked by a single intravitreal injection of penicillin

Clinical -The clinical application of experimental studies is complicated by many factors and is apt to be disappointing However, pemcilin is proving of such definite clinical value that it is fast becoming the most widely used measure in combatting ocular infection During February, 1944, Wong 19 cited only 4 cases in the literature of ocular disease treated with penicillin the intervening fifteen months about 200 additional cases have been reported These reports indicate

that in infections produced by penicillan-sensithe organisms this chemotherapeutic agent is effective in the treatment of neute and chronic infections of the llds, conjunctiva, cornea, and lacrimal apparatus 7-5,21-27 and that it is a value able prophylactic measure in intraocular surgery and following perforating injuries 23 It has been found effective in the treatment of orbital cellulitis and there are encouraging reports concerning its use in intraocular infections, particularly of an ectogenous origin 5,8 15 29

Heretofore, penicillin has not as a rulo been found effective in the treatment of nonspecific iridocyclitis and chorroretinits 2 6 20 However. Scobee14 has recently reported that, while in no instance was a complete cure effected by penicillin nlone, marked and rapid improvement occurred in 75 per cent of aveits cases and in many cases of characterities

There are many recent developments in ophthalmology which cannot be considered in this review, due to lack of space But there are cortain significant subjects which, to this reviewer, seem of such importance that they domand discussion

#### Ocular Surgery

In the field of surgery the intracapsular extraction of cataract is apparently becoming more routine, the kerntomo section with seissors enlargement has gained in popularity, and the employment of cornecscleral sutures is becoming more universal F A Davis and Wendell Hughes, et al .21 have reported favorably on the use of catgut sutures. In a statistical study on the results of catamet extraction at Wilmer Institute over a period of ninoteen years W F Hnghes. Jr and W C Owens noted a steady improvement in final outcome with the adoption of more modern surgical procedures ployment of cornectcleral sutures reduced the incidence of incomplete wound closure, prolapse of iris, and the amount of astigmatism and hyphemia, while the preservation of the round pupil reduced the likelihood of vitreous loss authors reported that longstanding diabetes predisposed to the development of severe hyphomia. but that evolule and systemic hypertension had no aignificant influence on the occurrence of postoperative complications

#### Sarcoid and Brucellosis

The role of sarcoid and brucellosis in the cause of uvertis has been emphasized by Woods and Guyton 23 In a study of 200 patients with greektis there was definite evidence in 7.5 per cent that sarcoid was the producing cause, and there was presumptive ovidence in 7.5 per cent that bru cellosis was the causative factor

#### Congenitài Cataract

A B Reese<sup>34</sup> has called attention to the occurrence of congenital cataract and other congenital anomalies in children born of a mother who had German measles during the first three months of pregnancy Asido from cathract, the abnormali ties include deaf-mutism, heart defects, microcephaly, and mental retardation. Reese specia lates as to whother the infection in the mother is true German measies and If so, is it an altered type, and has the syndrome existed previously but not been recognized, also, can prophylactic measures be taken to prevent pregnant women from contracting German measles during the first three months of pregnancy, and in case of infection during this period should they have abortion? The syndrome was first reported in Australia in 1042 and apparently is not rare in the United States Its possibility should be consudored in every case of congenital cataract

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## HISTORY OF MEDICINE

## T WOOD CLARKE, M D, Utica, New York

ISTORY is the story of the past. To describe "the most significant developments" in the history of medicine "during the past year" one must project one's mind forward a generation or two and look with the eye of retrospection to the years 1944–1945. If our descendants who are historically minded delve into the history of this epoch-making period I believe their first impression will be that they are studying a period of medical chaos. The life of the practicing physician today is completely topsy-turvy

With most of the young practitioners and many of those of middle age removed from the civilian medical body politic and enrolled in the Army or the Navy the heavy burden of practice, the hard grind of routine work, has fallen upon the shoulders of physicians who have been giving serious consideration to the prospect of retirement and a life of ease, and even upon many of those who have already retired and have felt it their duty to return to the hurly-burly of practice. The result is that these older men are doing more than their physical condition justifies, and more and more they are dropping by the wayside with coronary thrombosis or cerebral hemorrhages.

The care of the sick is becoming an ever more difficult problem. With most of the able-bodied women working in munition plants or airplane factories, when a member of a family is taken ill, there is nobody to remain at home to care for him. With thousands of nurses scattered to the four corners of the world tending the armed forces and the government demanding the services of thousands more, a private nurse in a home is usually out of the question. The only solution of the problem is to go to a hospital. This is made more attractive by the tremendous growth in recent years of the various hospitalization plans of insurance societies which have sprung up from one end of the country to the other.

The result of this is that the hospitals are so overcrowded that obtaining a bed is difficult indeed. Single rooms often contain two beds, four-bed wards may have 6 or 7 patients, sun rooms are converted into wards, and often an emergency patient must remain on a stretcher in the hall for hours before a bed can be obtained. Where the government is training recent graduates for Army or Navy service there are interns. In the smaller hospitals interns are lacking, or are replaced by some practicing physician, perhaps physically below medical corps standards.

acting on a part-time basis. Special nurses, too, are difficult to obtain in the hospitals. More and more patients who, under ordinary circumstances, would have two or three special nurses, now have to share one nurse with several patients, or depend on the service of the overworked floor nurses, assisted by the ever willing but only partly trained Red Cross grey ladies or nurses' aids

While this situation puts a tremendous physical strain on the physicians who are left in civilian practice, the cloud which hangs over them has one bright-golden lining Many physicians, during the dark days of the depression, when they were lucky if they received remuneration for 25 per cent of their services, were supporting their families by selling their slowly accumulated securities, borrowing money, or even going on re-Today these men, with their patients earning wages such as they never imagined in their wildest dreams and spending their money freely. are being paid cash on the dot for their increased practice, are paying up the mortgages on their homes, and are salting down war bonds, which will go far to make up for their losses in the hungry 30's

The high wages and the abundant cash in the pockets of the working people have done another thing for the physician They have minimized the danger of State medicine which hung over him like a pall for the past few years people have a good bank balance, giving them confidence that if illness comes upon them they can pay the physician of their choice for his services, the thought of State medicine and regimented medical care becomes less and less attractive The profession is taking advantage of this lull and pushing the private hospitalization plans so that, in event of another depression, the great mass of the people may be insured and will forget their desire for State-controlled insurance

But what of the physicians who have left their practice, their homes, and their families and donned the uniform of Uncle Sam? These first were put through a basic physical training of exercises of a rigorousness for which their previous mode of life had in no way prepared them Some broke down under the strain, were returned to their homes or sent to military hospitals as patients, and face a future handicapped by serious physical disabilities. Those who survived this training were sent to established military general hospitals, or some of the new ones which sprang

up like mushrooms, but looked like schools of Noah's arks, all over the country

For a while many of these physicians in service had little to do and were unhappy over the time they were wasting Others were given work compietely foreign to their special training, as in the case of pediatrists who were placed in administrative positions or opthalmologuets in charge of venereal chaics More recently, however, with our troops scattered over the whole world and the casualties coming back by the thousands, few can complain of not enough to do The members of the Army and Navy medical corps are today doing berole work. In the sweltering cabins of battleships, in the seething jungles of the Pacific Ocean and of Burma, in the rubble beaps of devastated Europe they are working long, exhausting hours over the wounded and the sick. In doing so they are accomplishing results such as have never been dreamed of in previous wars, with equipment such as has never been imagined in all military history One need only compare the superh facilities of our military hospitals of today with those of the Army bospital at Albany in the American Revolution, concerning which Surgeon General John Cochran wrote that its entire supplies consisted of a few galions of vinegar, to appreciate the advances made by military medicine since the birth of our Republic.

The tremendous etrides taken in the care of the wounded on the battlefield, at the advanced stations and hospitals, will probably go down in history as the outstanding achievement of the present war The custom of having each man carry his own first-ald dressings and sulfanilamide to pour into his wounds as soon as received has reduced infection and gangrene to such an extent that these former terrors now can be almost dis-When to this is added the tremendous supplies of penicillin, and of blood plasma which have been sent to our hospitals and advanced stations, the mortality from wounds has fallen off so that today the lives of nearly all men who live iong enough to reach the advanced stations or the hospital ships can be saved

Of equal interest to the historian of the future will be the extraordinary advances which are now being made in the transportation of the wounded Except for the first few miles from the front, the rough solting over bomb-pocked roads in ambulances, which in older days often shook the remaining enack of life out of the injured soldier. are done and with Today, not only do wellequipped hospital trains and ships carry them smoothly to the rear, but the superbiv outfitted transport planes, with attendant physicians and nurses, which them back without a jar or a bump for thousands of miles over land and sea a man wounded on Saipan or Okinawa can be flown to this country and be ensconsed comfortably in his bed in the Rhoads General Hospital. in Utica, five to six days later, the acme of military medical transportation would seem to have

been reached

In the meantime many of the men in service are receiving special training and experience which will enable them, on their return to civil life, to qualify as specialists

Practitioners are becoming expert anesthetists, general aurgeons are having enormous experience in orthopedics, some are attaining special training as neurologic or plastic surgeons, others will return authorities on tropleal diseases, and still others will have attained a wide knowledge of allergy or of the deficiency diseases. The general level of the medical profession along special lines is rapidly being raised. The war, to many, is a splendid source of postgraduate education and practical experience.

Thus to the future medical historian the present era will be looked back upon as that in which miltary medicine has taken the greatest strides of all time, and the care of the wounded its greatest advance since the Battle of Solferino, after which M Henri Dunant founded the International Red Cross

We have learned how to minimize the dangers and borrors of war and devastation. We are glad of what we have learned, but bope never again to have to put our knowledge to practical use

#### THE TEACHING HOSPITAL

Dr Alan Gregg, commenting lately on the demands for further training by returned medleal officers, said "Though there are many civilian hospitals having no interns or residents, the great majority of hospitals provide internships, and often residences as well, but without adequate supervision or guidance. No returning doctor wants the kind of internship that teaches him nothing but what he already knows—that he has lost his full competence in civilian life as a sacrifice to military need. Perhane it is just as well to note that in justice to

its patients no hospital can afford to ignore the need of returning doctors for teaching"

Dr Gregg goes further in his observation and says "An unexpected result of the war may be this that the needs of our returning doctors for further education will startle the American people into realising that the best care is likely to be in the hospital that gives close attention to teaching, and that in self-protection we must help to provide for doctors the opportunity to learn as well as to practice medicine. "Conn. State M J., April, 1945

## RADIOLOGY

## LEE A HADLEY, M D, Syracuse, New York

N MARCH 27, 1945 occurred the centennial of the birth of Wilhelm Konrad Roentgen, who, at the age of 50, discovered a new type of radiation previously unknown to him and which he therefore called the x-ray 1945, then, becomes the occasion of celebrating not only the birth of this able scientist but also the semicentennial of his valuable discovery, a discovery which has already proved of great importance to mankind

The story is familiar how Roentgen, while a professor of physics at Wurzburg in 1895, was engaged in a study of the effects produced by passing electrical currents through a Crookes' vacuum tube. When this was done, he noticed a fluorescence of some barium platinocyanide nearby. This occurred even when the Crookes' tube was covered with black paper. Such a happening might have occurred to any experimenter, but we honor Roentgen because he had the acumen to recognize that a new type of radiation had been produced.

Additional studies revealed the penetrating character of these rays. It was found that they could affect the photographic plate. One of the earliest v-ray negatives showed a key and other metallic objects within a cardboard box which had been placed upon a sensitized plate wrapped in black paper.

Roentgen's discovery was reported to one of the German scientific societies in December, 1895, and early the following year workers in this country were experimenting with these potent radiations

Honors were conferred upon Roentgen, and in 1901 he received the Nobel prize for physics. He died in Munich on February 10, 1923, little realizing the many ways in which his discovery would have already benefited humanity twenty-two years later. There has been a constant advance in the application of v-ray to the diagnosis and treatment of disease.

The use of accessory contrast media has contributed materially to the field of diagnostic radiology. Bismuth and later barium for visualizing the gastrointestinal tract were the earliest examples. Certain organic iodine preparations then appeared for study of the gallbladder, kidneys, and blood vessels, and the use of iodized oil presented a means of visualizing the female reproductive organs, the bronchi, and the spinal canal

In spite of the war, with its resultant curtailing of an overworked x-ray personnel, a gratifying advancement in radiology has continued during the past year. Some research has been done, refinements have been achieved, and worthwhile additions have been contributed to this specialty. An incomplete and hasty survey reveals that New York State has added its share to this advancement.

From the Strong Memorial Hospital, in Rochester, Dr George H Ramsey reports that they are continuing their studies on the use of pantopaque for visualizing the spinal canal. This opaque medium was first reported at our State Meeting last year. It is said to be less viscous than previous media, more easily withdrawn, and absorbable

At the Mount Smai Hospital "the use of angiocardiography has been continued, and publications have been made regarding the use of the method in (1) the analysis of the cardiac configuration in rheumatic mitral disease, (2) atypical coarctation of the aorta with absence of the left radial pulse, (3) nonleutic aortic aneurism, and (4) the value of radiologic examination of the heart" There was also an additional review, "The Roentgen Diagnosis of Lesions of the Pancreas," by Drs Poppel and Marshak of that hospital

Dr Ross Golden, of the Presbyterian Hospital in New York, mentions in a letter the paper describing 100 cases of amebiasis which he and Ducharme presented at the combined meeting of the two x-ray societies in Chicago in 1944 and stated "It served to emphasize the importance of detection of cecal deformities." In this connection, mention should be made of the excellent monograph entitled "Radiologic Examination of the Small Intestine," which appeared from the pen of this author earlier in 1945

I quote further from his letter "I am now making studies of the function of the gastroje-junostomy following partial gastrectomy on the eighth to the fourteenth day after operation. We are finding consistently slow emptying of the stomach pouch. This is due, apparently, to marked hypertonicity of the jejunum associated with slow, sluggish peristaltic movements, and with a slow transit time to the cecum. The reason for this disturbance in the motor function of the intestine is not yet clear.

"We are also making observations on the

position of the fetal head on pelvimetry films taken with the patient erect. With an average normal inlet, the head dlps well down into the pelvis because of the pull of gravity in the erect position. Failure of the head to do this, especially when it is displaced away from the midline, suggests the presence of a mass of some sort in the pelvis. Placenta praevia, fibroids, and dermoid cysts are among the causes.

"Dr Maurice Lenz is treating a series of cases of corneal transplants with small doses of x-ray to prevent vascularization of the grafted corneas This has been mentioned in one article by Dr

Castroviero "

Dr Lois Collins, who discussed the use of priodax before this Society last year, is cooperating

in the survey of the pelvimetry cases

These are some of the activities which are engaging certain members of the section on radi-There are also Items of a legal-economic One of these is a recent letter received interest from our insurance representative. Mr H F Wanyig, in which he states that "the surcharge for x-ray therapy protection under the Group Plan of the Medical Society of the State of New York has finally been eliminated, and that, beginning May 1, 1945, qualified x ray therapists will be able to secure full protection in the Group Plan at the same rates as all other members of the Society" He goes on to review hriefly the history of x-ray therapy Insurance In this state from that time in about 1924 when unfavorable experience indicated a necessary surcharge of 450 per cent for x-ray therapistsi

With a better understanding of radiation therapy and improvements in technic and equipment, the radiologists have effected a stendy reduction of the loss costs and have benefited by a progressive lowering of the insurance surcharge until now

it has been removed altogether

Dr Frederick Elliott was asked to comment upon recent developments of hospital insurance plans as affecting radiologists, and he submitted the following

"The Moreland Commission completed its exposure of the commercial exploitation of this branch of medicine by one corporation and the fee-splitting violation of the Workmen's Compensation Law by this firm and of a small number of physicians who were cooperating with that corporation or competing with it. The head of the corporation defied the subpoens of the Commission and his appeal against sentence for contempt remains "pending in the court." The

conviction of the medical profession in the court of public opinion was immediate, accomplished as it was by news releases of the Commission The chief wrong-doer appears to enjoy immunity through "delayed legal action"

"Representatives of the Hospital Association of New York State, the Medical Society of the State of New York, and of the Joint Council of Pathologists, Radiologists, Anesthesiologists, and Physical Therapy physicians arrived at an agreement upon a more desirable amendment of the laws the next Legislature will be asked to pass the amendments which were agreed upon

"The President of the State Society, Dr Herbert Bauckus, has been uncompromising in his opposition to the inclusion of any form of medical expense coverage in the "Blue Cross" hospital

service contract

"The President of the Hospital Association of New York State, Mr John McCormack, in an editorial comment published in the Hospital Forum for March, has cited the haards which confront both voluntary hospitals and the free enterprise in the practice of medicine, and he calls for unity of action for the welfare of mutual interests. Mr McCormack is Superintendent of the Preshyterian Hospital in New York, and it has been his leadership which gives promise of settlement of what has threatened to become a serious issue between the doctors and their hospitals."

"If, and we must at this time use that word, if, out of this agreement, now and equitable arrangements are made with those physicians whose principal activities must necessarily be intimately related to hospital care, and if physicians in other hranches of medical practice can put aside all opprehension of any design or amhitton on the part of hospital administrators to encroach upon and compete with private medical practice through the agency of employed physicians, then the events of the past twelve months will indeed be far reaching in their consequences

"Complete understanding and harmony between doctors, voluntary hospitals, and the Blue Cross plans is the only sound foundation for continued progress and success of each. All three are dedicated to the public welfare, and the prospect of greater mutual confidence is heartening."

These are some of the developments and events of interest to radiologists which have occurred ie New York State during the past year

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## RESLARCH OPHTHALMOLOGY MEETING CANCELED

The Association for Research in Ophthalmology has canceled its 1945 meeting in cooperation with the war travel and convention program Essayists are requested to reserve their manuscripts for a possible meeting in 1946, in conjunction with the convention of the American Medical Association

## PROGRESS IN THE STUDY OF EXPERIMENTAL ENDOCARDITIS

Ward J Mac Neal, M D , Anne Blevins, R N , Alice E Slavkin, B S , and Helen Scanlon, B S , New York City

(From the Department of Bacteriology, New York Post-Graduate Medical School and Hospital, Columbia University)

A T THE anniversary meeting of the New York Pathological Society in January, 1933, we were pessimistic in regard to our studies<sup>1-3</sup> of endocarditis. Nevertheless, the field was not abandoned and in 1939 we were able to report the transmission of endocarditis to rabbits by intravenous inoculation of pure cultures of streptococci isolated from the circulating blood of patients. Thus there was made available the experimental disease for intimate study of the various stages of endocarditis and for a test object in the study of various programs of therapy.

Some of the results of the later studies have been presented from time to time in scientific exhibits 5-7 and in papers before scientific societies It has been possible to follow the development of the lesions from the initial inoculation through the progressive steps to death of the experimental animal Some of these stages have been The streptococci described and illustrated 8 introduced into the circulating blood are taken up by the endothelial cells of the blood vascular system generally and especially in lungs, liver, spleen, bone marrow, myocardial blood vessels, mural and valvular endocardium, and aortic intima. In most of these situations the phagocytosed bacteria are destroyed without visible trace, but at some places they cause recognizable alterations of tissue structure Such alterations are especially likely to be initiated on the surfaces of the valves which come into contact during closure, namely, the auricular surfaces of the mitral leaflets and the ventricular faces of the aortic cusps, but not to the exclusion of other sites Serious injury of the infected endothelium leads to a deposit of fibrin and platelets and the streptococci grow and extend into the thrombus thus produced and flourish even to and on the surface of the thrombus to be washed off into the blood stream When the host resistance reaches a higher level the superficial fibrin of the vegetation may not permit

invasion of its substance by the bacteria, so that the colonies are found only in the deeper portions

With still more adequate defense this superficial layer of fibrin becomes a favorable scaffold for the entrance of wandering leukocytes and the growth of fibroblasts and of endothelial cells from the adjacent endocardium, so that the vegetation with restrained bacterial colonies in its interior may thus become encapsulated by fibrous and fibroblastic tissue intermingled with wandering leukocytes and covered over by smooth endothelium. This process of local healing is evidently favored by the presence in the blood of agents which restrain the active proliferation of the streptococci The natural agents of this type produced by the host animal may be reinforced by properly selected and properly administered bacteriostatic therapeutic agents, particularly the biologicals-penicillin and bacteriophages, and the chemicals—sulfonamides, arsphenamines, Healing depends, not upon exand bismuth termination of the streptococci by these agents from without, but essentially upon the successful encapsulation and organization of the vegetation by the living cells of the host animal, aided by the bacteriostatic and growth-restraining influence of the therapeutic agents, leading to the secure encapsulation of the bacterial colonies and their eventual extermination by phagocytosis Local healing of the lesions and bacteriolysis and complete arrest of the disease are thus ac complished

One of the fruits of these experimental studies may be recognized in the less pessimistic view now held in regard to prognosis of the human disease, to which happy state of affairs many other elements and many other workers have contributed. In the last two years we have observed the clinical arrest of bacterial endocarditarin a dozen of our patients 10-13

In the course of this work we have come to appreciate more and more the diversity of bacterial types concerned in the causation of bacterial endocarditis and the practical need of bacteriologic study of each individual bacterial strain obtained by culture of the patient's bloom order to devise intelligently a promising their peutic program and to be properly guided in it practical application

<sup>\*</sup> Presented with demonstration of microscopic preparations and of lantern slides before the New York Pathological Society, March 22, 1945

Aided by a research grant of the United Hospital Fund of New York, by Grant No 522 and Grant No 523 of the Committee on Therapeutic Research, Council on Pharmacy and Chemistry, American Medical Association, and by the Virus Research Fund of the Lambert Pharmacal Company

So much for bacterial endocarditis at the moment

The nonbacterial forms of endocarditis have presented somewhat greater obstacles to experimental study Respectful reference should be given to the work of De Vecchi14 and of Andrei and Ravenna<sup>16</sup> and others of the Italian school. who have observed cardiao lesions, especially in the myocardium, in rabbits following Inoculation with material from patients with rhoumatic fever-lesions which they could not with certainty distinguish from those found in naturally diseased rabbits, also to the observation of virus particles In pericardial fluid in rheumatio carditis by Schlesinger and bis associates, and further to the production of experimental pancarditis (without recognized valvular vegetations) as a result of inoculation with Virus III by Pearce "

We have studied the hearts and other organs of uninoculated rabblts which died in the laboratory from various disorders and also the organs of animals inoculated with viruses of influence. vaccinia, and mouse poliomyclitis (Theiler virus), and further, the animals moculated with blood of these primary animals in series. Rabbits have also been injected with whole blood and blood plasma of apparently normal rabbits and of normal human beings and with fluids of normal embryonated eggs. Of chief interest at present are those animals, rabblts, guinea pigs, and mice which were inoculated with material from persons with rheumatio heart disease and fever, including whole blood, blood plasma, and pencardial fluid, filtered and unfiltered. In these there has been observed evidence of a disease characterized by disseminated lesions in the vascular system. affecting especially the endothehum and adjacent connective tissue of the pulmonary arterioles. the mural and valvular endocardium, and the aortic intima. In the endocardium, thickening is produced by edema, extravasation of blood, and hyperplasia, leading to irregular deformities Local verrucous elevations arise by overgrowth of endothelial cells and hy edema of the underlving stroma In comparison with bacterial endocarditis, this disease is relatively benign and the frequent mitoses in endothelium and stroma indicate the tendency to healing and hyperplastic deformation

The agents concerned in causation of these changes have been found in 10 patients and have been transmitted to as many as 15 rabbits in series Of peuchar interest has been the propagation of the agent or agents in embryonated eggs in series and the production of the disease in rabbits by the injection of the allantoic fluid of these

Some of the preparations under the microscopes are tissues of such animals. These studies have been in progress only since 1943 and only a beginning has so far been made. It is perhaps permissible to bope that the observations on experimental nonbacterial endocarditists may be followed by a renewed interest in this field of in vestigation which may ultimately bear fruit in the practical combat against rheumatic fever and rheumatic beart disease, not less significant than the recent progress in the field of bacterial endo carditis

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## SOME TOXIC ASPECTS OF DIGITALIS THERAPY

W C HUEPER, M D, New York City

(From the Warner Institute for Therapeutic Research)

IGITALIS preparations of various degrees of purity and of different origin and glycoside content, and digitaloid substances, such as strophanthin, ouabain, scillaren, oleandrin, and adonidin, are extensively used in the treatment of heart diseases and have been recommended for the control of obesity (Bram1), the management of indolent cutaneous ulcers (Baron2), and for protection against the lethal effect of high altitude (Fischer's) The medicinal use of these glycosides has not infrequently led to unintended toxic byeffects, particularly when digitals therapy with high doses is practiced, which was favored by the increased potency of digitalis preparations introduced by the rules of the Pharmacopæia XI in 1936 (Bland and White, Herrmann, Decherd, and McKinley<sup>5</sup>)

However, the correct etiologic interpretation of the functional and anatomic reactions associated with digitalis poisoning is not always an easy matter and is doubtlessly missed in an appreciable number of cases because the symptoms characteristic of digitalis intovication resemble in many respects those produced by cardiovascular diseases for the treatment of which digitalis preparations are employed (Rossier, Dresser, and Simmen; Blumberger and Krüskemper, Büchner, Lendle ) Manifestations of cardiovascular disease and digitalis poisoning may, therefore, be superimposed upon each other and the causative distinction between them may be extremely difficult or even impossible symptomatic similarity is so strong that the toxic action of digitalis glycosides on the cardiac function has been fraudulently and, in a great number of cases, successfully used to cause simulation of heart disease for the collection of disability insurance (Hedley<sup>10</sup>) It is obvious that the diagnostic difficulties confronting the clinician in this respect are accentuated for the pathologist, who often is entirely unaware of any toxic therapeutic aspects of the cases coming to autopsy

It is apparently for these reasons that very little information exists as to the possible role which medicinal digitalis poisoning may play in the development of certain hematic changes and of vascular and visceral lesions observed in patients with chronic cardiovascular diseases who received considerable amounts of digitalis preparations and showed at times toxic symptoms (Petri<sup>11</sup>) Travell, Gold, Modell, and Auerbach<sup>12</sup> were unable to demonstrate in patients of this type any myocardial hemorrhages and cerebral

lesions Halin 13 noted that the actual occurrence of chronic digitalis injuries in man is doubtful The only investigation in which serious consideration was given to such interrelations was reported by Blumberger and Kruskemper studied a 37-year-old man who had made within eight days two attempts at suicide by swallowing a large number of tablets containing digitalis glycosides An electrocardiogram taken twentysix hours after the second attempt showed numerous pathologic features, indicating myocardial On the third day after the poisoning the electrocardiogram exhibited an additional peak between the S and T waves which Kisch related to the presence of a myocardial infarct When the patient died eleven months later there was found at autopsy a large scar in the left ventricular wall The histologic examination revealed the presence of numerous fibrous and hyaline foci in the left ventricular wall and a minor to moderate intimal sclerosis of the coronary arteries Blumberger and Krüskemper concluded from the evidence that the ventricular lesions were the end results of myocardial necroses elicited by the preceding digitalis poisoning

In contrast to these menger observations in man there exists a large amount of reliable experimental data attesting the fact that digitalis poisoning produced either by a single lethal or sublethal dose or by repeated smaller doses, orally or parenterally administered, may elicit in dogs, cats, rabbits, guinea pigs, and frogs distinct degenerative or hemorrhagic lesions of the cardiovascular system Inasmuch as the functional symptomatology observed in the experimental animals resembles closely that seen in man with digitalis poisoning, it appears not unlikely that the anatomic sequelae in man are identical with those found in the animals, giving due consideration to the fact that the various species differ in their sensitivity to digitalis glycosides sensitivity scale the cat takes first place, followed by man, with the dog in third place

The earliest observations on the occurrence of digitalis injury to the cardiovascular system are connected with the attempts at the experimental production of arteriosclerosis. It had been found that the introduction of excessive doses of digitalis resulted in an appreciable increase in blood pressure caused by a centrally induced constriction of the arterioles and was associated with bradycardia, attacks of angina pectoris, temporary blindness, and a hard and wiry pulse (Tainter<sup>14</sup>

Hürthle, 16 Klotz, 16 Saltykow, 17 Otto 18) Blickensdorfer and McGulgan16 reported that digitalis intravenously given may raise the blood pressure 4 Fischer.20 to a level of 300 mm of mercury Orlowsky,21 Klotz, Morelb,22 Kon, and Rühl23 noted that in rabbits repeatedly intravenously injected with digitalis preparations (digitalin, digaten, digitoxin, digitaline nativelle) there were extensive medial hyallne necroses and calcifications in the north sometimes associated with the development of ancurysms. Similar lesions were seen after the intravenous introduction of strophanthin and adonidin into rabbits by Orlowsky, Weselkow 24 and Otto As these aortic reactions are anatomically identical with those observed after the intravenous Injection of epinephnne into rabbits, the conclusion can be drawn that an acute and sovere constrictory vascular ischemia represents the causative mechanism active in the production of the aortic reactions following the intravenous Injection of digitalis glycosides into rabblts

Degenerative or selerotic lesions of the mediumsized and small visceral arteries were not seen after experimental digitalis possoning by most investigators (Dearing, et al 16) Ruhl attempted unsuccessfully to elicit a hypertensive arteriosclerosis in animals by giving daily injections of digalen over prolonged periods (up to 163 injec-Only the renal vessels showed hypertrophic changes without any degenerative reac-Huener and Ichniowski. 26 on the other hand, recorded the presence of edematous swelling and hyaline degeneration of the walls of the renal and coronary arteries of cats following the repeated parenteral introduction of sublethal doses of a digitalis preparation representing the full activity of the leaf It appears to be likely that in the production of the lesions in the myocardial vessels not only a vasotonic ischemia is instrumental, but also a mechanical compression of the vascular wall by the prolonged systolic contractions of the surrounding myocardium, which reduces and temporarily arrests the coronary circulation

These circulatory disturbances in the coronary system causing vascular ischemia and stasis in the myocardium, and especially in its subendo-cardial parts which are supplied by the distal portions of the coronary tree, are evidently responsible for the second type of digitalis injury found by many investigators in the hearts of various species after the single or repeated parenteral as well as oral administration of digitalis proparations in lothal or subletinal does. These lesions consist in the mammalian hearts which have a coronary circulation of myocardial bemorrhages, fragmentations, degenerations, necroses, and calcifications combined with intorstitial edema

and leukocytle infiltrations In the hearts of frogs, in which a coronary system is absent, there appear necrotic contraction rings and, occasionally, larger areas of hyaline necroses These reactions are especially readily and frequently elicited when digitalis is intravenously given However, they have been observed also after the repeated oral introduction of sublethal doses of digitalis The invocardial manifestations make their appearance in general on the third day after the injection of a single dose, but they may be observed as early as thirty-six hours following the ndministration of repeated small toxic doses (Bauer and Reindell<sup>27</sup>) As animals thus treated not infrequently succumb to a delayed death occurring several weeks after the poisoning, the acute reactions in the myocardium have subsided by that time and fibroblastic and hyaline scars take the place of the degenerations and necroses. It may be mentioned in this connection that LaDue" suggested that such fibrous lesions produced in poisoned dogs were not caused by digitalis action but were the result of an avitaminosis Bi (thiamine)-beriberi-ensuing from the defective nutrition of the animals and resulting from frequent vomiting and starvation by loss of appetite This explanation has no ment, as the early stages of myocardial reactions are demonstrable in animals a few days after the poisoning when the transition from the degenerative type into the eightricial type of lesion is clearly apparent and the presence of an avitaminosis is out of the question

The ischemic myocardial lesions were first described by Lewitzky? In 1904 and have been subsequently produced by Büchner, Bauer and Reindell, Hu, Lieu, and Li, Van Dyko,? North and Spang,? Lindner,? Hueper and Ichmovski, Travell, Gold, Modell, and Auerbach, Dearing, Barnes, Kenohan, and Essex,? Dearing, Barnes, and Herrick,? Kroets,\* Weese and Dleckhoff,? Bauer,\* Schulze,? Rosenhlum, Biskind, and Kruger,\*

The vasoconstructory ischemic genesis of these reactions is supported by the observation that the simultaneous administration of tonephin, a posterior pituitary extract, and of thyroid extract hastens and aggravates the development of myocardial necroses in experimental digitalis poisoning (Lendle, Dearing, et al.), that simultaneous excessive physical labor exerts the same effect (Schulze), and that the same type and location of tesion is found in deaths from angina pectoris (Büchner) While tonephin alone does not produce myocardial lesions, prolonged administration of this agent causes vascular sclerosis (Schaumann<sup>4</sup>)

In addition to various digitalis preparations

(digitoxin, digifortis, diginalid, lanatosid C, digitalum verum, tincture of digitalis, digitalis infusion, gitalin), ouabain, strophanthin, and oleandrin, as used by Lendle, Hu, Lieu, and Li, and Lindner, have been successfully used in the production of these myocardial reactions demonstration of the myocardial injuries has given rise to the concept that the functional cardiac reactions connected with excessive cumulation of digitalis are not caused by an excess of active substance, but represent a cumulation of effects, 1e, the superimposition of successive anatomic myocardial lesions produced by the individual doses (Weese) The severity of the myocardial changes found in many of the animals after digitalis poisoning provides a satisfactory basis for the lethal outcome

However, in the histologic analysis of larger series of animals killed by digitalis administration it has been repeatedly observed that some of the animals dying a delayed death do not show any, or only mild, myocardial lesions indicating that the cause of death is not myocardial insufficiency, but must be sought in pathologic changes in some other vitally important organ (Büchner, Hueper and Ichniowski) Hueper and Ichniowski extended, therefore, their histologic studies to all viscera Apart from hyperemia, edema, hemorrhages, and focal necroses in the liver in some of the animals, representing the effects of prolonged circulatory failure, they found in the brain of animals which were more or less free from myocardial abnormalities distinct and often extensive degenerative changes and circulatory reactions The vascular changes consisted of marked capillary engorgement and pericapillary edema The parenchymatous lesions were represented by foci of vacuolated and disintegrating ganglion cells, necroses, and glia cell proliferations

The basal ganghons and the cerebellum were the sites of these manifestations Dearing and his coworkers later confirmed these observations and noted that the lessons were most pronounced in the cortex and were least developed in the spinal cord, but involved also the pons and the Purkinge's cells of the cerebellum They were represented by vacuolization of the pyramidal cells, pyknosis, satellitosis, ghost cells, and cytoplasmic liquefaction of the ganglion cells These investigators stated that these reactions are similar to those elicited by anovia It can be concluded from this evidence that not only the functional disturbances of the central nervous system, such as defective vision, abnormal color sensation, fatigue, headache, epileptiform convulsions, and hallucinations, but also the anatomic cerebral lesions are primarily the result of hypertonic vascular disturbances causing ischemic conditions Extensive anatomic changes of the central nervous system create subsequently an irreversible status of circulatory failure which ultimately and progressively may lead to death without the coaction of myocardial injury

In commenting on the production of myocardial hemorrhages and necroses by excessive doses of digitalis, Kroetz stated that these lesions might favor the development of coronary thromboses because such complications are observed after similar myocardial changes elicited by carbon monovide poisoning The possibility of such interrelations deserves proper consideration in view of the lively interest which has recently been aroused concerning an alleged hematic clotting favoring action by digitalis preparations through alterations brought about in the clotting mechanism of the blood (Gilbert, Trump, and deTakats, Massie, Stillerman, Wright, and Minnich, Macht, and Werch Mecht, Tanaka Tanaka observed in 1928 that the intravenous injection of strophanthin into rabbits caused a distinct decrease in the coagulation time and an increase of the fibringen content of the blood There was no effect by strophanthin on the in vitro clotting of Weger48 reported in 1929 that the intravenous injection of 0 08 mg of strophanthin per Kg of body weight into rabbits elicited on the third day after the injection a rise in the number of thrombocytes up to threefold The peak of this reaction occurred on the fifth day and was followed by a slow return to the original level often reached not before the thirty-first day after the injection It may be mentioned that Billigheimer found the serum calcium level elevated in man after administration of digitalis, and that Choisy™ observed a 50 per cent drop in serum cholesterol several hours after the introduction of saponin-free digitalis preparations also a reduction of the serum cholesterol content in overdigitalized patients

These observations attain increased importance as they connect with the recent claims that digitalis preparations hasten the clotting of blood in vitro, shorten the congulation time in vivo, and favor the development of thrombosis and the occurrence of secondary embolism (Macht, Massie, Stillerman, Wright, and Minnich, Werch, deTakats, Trump, and Gilbert) Werch noted in rabbits which had received intravenous injections of relatively large amounts of digifolin a definite decrease in the congulation time of the Similar findings were reported by Macht when cats were treated with various digitalis preparations (digitalin, digitalein, digitovin, digitonin, digilanid, strophanthin, ouabain, scillaren, and others) The clotting time dropped from eight minutes to one minute and fifteen seconds Macht stated that this thromboplastic action of

digitaloid drugs cannot be ottributed to a hemoivtic action of the glycosides, for only digitalin and digitoxin are hemolyzing saponins Massic, Stillerman, Wright, and Minnich studied 35 patients, age 27 to 78, some suffering from heart disease and ail of them receiving digitalis. They found a significant drop in the clotting time in these patients which gradually disappeared after arrest of digitals treatment There were no changes in the prothroionin time and in the clot retraction time. On the basis of these flodings Massie and coworkers suggested that digitaloid drugs may exert a thromboplastic effect and thus may favor the development of thrombosis even when therapeutic amounts are given observations were reported by deTakats and coworkers when the blood of digitalized dogs was studied with the heparm tolerance test sistance of the blood of such animals to the onticlotting action of hepama was quite pronounced, hut disappeared when the digitalis medication was stopped Inasmuch as thrombotic-embolic phenomena and changes in the clotting mechanism following digitalization seemed to coincide in a number of cases with heart discases, deTakats and coworkers have raised the question whether digitalis plays a causal role in the occurrence of thrombosis in digitalized nationts

The mechanism by which digitalis administration is supposed to accelerate blood congulation has not been elucidated The experiments of Macht indicate that hemolysis by digitalis saponing has no part in this phenomenon observations of Massle and coworkers show that there do not seem to exist any disturbances in the production or action of prothrombin, which may account for the alleged thromboplastic effect of digitalis Consideration must be given to the possibility that increases in thrombocytes. fibringen, and serum calcium may be jovoived in the reported changes of clotting time. No ottention so far has been paid in this connection to the fact that digitalis gly cosides are saponia-like substances possessing surface active properties (Haarmann, Korfmacher, and Leodle, 12 Lendle, 12 von Weissäcker, Straub") which do not manifest themselves to bemolytic action upon ervth rooytes 10 vitro Extracts of digitalis leaves contain, moreover, saponins in varying quantities depending upon their degree of purification The experiments of Koffer and Kaurel and of Frommel<sup>36</sup> have shown that saponing added to digitalis preparations increase not only the resorption of digitalis from the gastrointestinal tract, but also their diffusion through biologic membranes and thus hastoo and intensity the action of the glycosides.

It appears to be possible that the surface active properties of the digitalis glycoaides and their

saponinie contaminants may have some part in modifying the clotting mechanism by acting upon the surfoce of vessels. Investigations of Gratia. Pickering and deSouza, Lozner and Taylor, and Tocanting have shown that the contacting surface exerts a decided influence upon the coagulability of the blood and upon the anticepitalic octivity of normal plasma, causing under proper elrcumstances a hypercoagulability of blood Tocantins stated that adsorbents in contact with plasma decrease its stability and modify the speed of conversion of prothrombin into thrombin The investigations of Lampert and of Hauser, Andreas, and Tucker iodicate that healthy vessels are coated by a layer of low wettability permitting little cootact between the watery elements of the blood and the structures of the vascular walls. If the blood vessels become diseased, wettability increases ond causes a concentration and conglomeration of platelets at the interface, probably by affecting the stability of these elements in the blood.

Recent investigations of Huspers in connection with the problem of atherosclerous have shown that the intravascular introduction of various surface-active agents, such as digitonin, which is the saponin extracted from digitalis seeds, and of various synthetic detergents seems to favor the development of thromboses through their surfaceactive action Changes in the wettability of the vascular wall and possibly also in the colloidal stability of the plasma and of the corpuscular elements suspended in it seem to provide the mechanism active la this respect. This interpretation is further strengthened by the fact that saponins, including digitorin, combloe with free choiesterol la the plasma and in cell membraces and thereby modify the colloidal plasmatic equilibrium and the permeability ond surface activity of biologic and cellular membranes (Schmidt-Thome 1) The actuality of such interrelation in regard to the digitalis problem is suggested by observations of Chouy, who found that rabbits injected over a period of days with solutions of cholesterol in oil develop a certain degree of resistance to digitalia medication

It may oot be amiss to point out in this connection that digitalis does not seem to be the only cardiovascular drug which allegedly exerts a thrombosis-favoring effect, because the investigations of Link and his coworkers<sup>11</sup> suggest that large doses of certain methy lated xanthine derivatives, such as theophyllice, theobromine, and caffelne, clicit in animals, when pareoterally or orally given, a hyperprothrombinemia. The hypercoagulable effect persists from five to seven days in the dog and rahhit and is also demoostrable on whole plasma and whole blood

The evideoce presented in regard to the pro-

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duction of untoward vascular, myocardial, and hematic effects by digitalis preparations is mainly of experimental nature and obtained in many instances with doses distinctly above those usually However, the used for therapeutic purposes experimental data are of sufficient importance to attract the serious interest of the clinician and pathologist, for they reveal an aspect of digitalis therapy which is of immediate medical and medicolegal importance and which has not found adequate consideration in the past

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### SAYINGS OF A PSYCHIATRIST

Action absorbs anxiety

They who love dogs usually care for the underdog Like a light extinguished by a time switch, so the mood of a depressed patient becomes darkened. turned off by a time clock wound by the fingers of destiny

The veteran is skeptical of words of gratitude when they are followed by acts of greed

Morale is like a mantle of invincibility, the wearer of which feels stronger, fears less, fights harder What is the fabric of which this mantle is woven? Its foundation is faith, faith in the cause for which

we fight In its texture are intervoven confidence in our leaders, security in our weapons, a trust in the equality of our sacrifices The fabric is waterproofed by a will to victory that readily accepts hardships

Lake an unseen mantle in mythology, morale is the true secret weapon

Occupational therapy means constructively orcupied time

The important product in occupational therapy is building the confidence of the patient—Joseph L Fetterman, in Ohio State M J, March, 1945 19

## THE INTERRELATIONSHIP OF INDERNITATION HATTISUE AND LATENT HEPATIC DISEASE IN THE INDUSTRIAL WORKER to 719/ (1) I

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symptoms at all A vicious circle is sometimes so produced. This is latent hepatic disease

It is very difficult to establish or even estimate the degree of anatomic restoration or functional recuperation after a single or even after repeated parenchymal injury. And there is some evidence to show that in the present state of our knowledge, one may not lightly escape the thought that perhaps no complete anatomic and functional recovery ever occurs even after a single episode of injury or disease

It is a rare event for the latent changes to be clinically demonstrable. In fully 80 to 90 per cent of the cases, there is no violent upheaval, and the symptoms are so mild in the succession of episodes that unless one is on the lookout, the cases escape notice and their occurrence is not recorded.

Whatever symptoms are present are vague and of a most general nature They include lack of a general feeling of well-being, (2) increased susceptibility to infections of all kinds, both local and general, probably because of lessened antibody formation, or other forms of illness, (3) a slower recovery from such infections than is normal, and (4) lessened resistance to chemical poisons. In industrial workers, there will be noted in addition (5) slower healing of burns and other traumatic wounds, (6) a greater loss of working hours, (7) abnormal fatigue, either more easily produced, or recovered from with more difficulty, or both, and (8) much less power to undergo undue strain of any kind, so that these disabilities become more easily perceptible to the medical officer

In clinical industrial practice an unexpected breakdown necessitating loss of working hours which occurs under the influence of such factors and with such preceding vague symptoms should immediately arouse the thought of an underlying latent hepatic disease and the worker should be thoroughly investigated upon this basis

Corroboration or denial of the assumption of latent hepatic disease can only be obtained in changes of liver function or in the appearance of otherwise unexplainable jaundice. Any degree of jaundice occurring under such conditions is an indication of hepatitis even in the absence of any laboratory data. Observations of the repetitions of these episodes, which, in between, subside again into latency have been clinically observed, and such a cycle has been repeated a number of times. Bloomfield points out the analogy between these long-drawn-out liver cases to the course of glomerular nephritis.

The most important of these vague symptoms is fatigue. This is a rather normal phenomenon for all individuals, but its chief characteristic in health is its short period and its easy and quick

In industrial workers this norrecoverability mal form of fatigue is caused by excessive physical labor, long hours of work, improper working conditions, and various emotional disturbances. In industry fatigue is ıncluding simple boredom a very important factor because it spells decreased or faulty production, either for the individual himself or, because of his deficiencies, for his fellow-workers when engaged in team work tigue is probably the most important form and cause of disability in the industrial worker extraordinary form of fatigue, or its undue prolongation, should immediately arouse suspicion that some underlying disturbance is present

The abnormal basic conditions which exaggerate any form of fatigue in the industrial worker to a state which might be called pathologic include inadequate nutrition and any form of latent disease, especially of the liver of these are mextricably bound together nutrition factor is especially important because of the present tendency, especially in women, to "diet" One should appreciate the fact that this may produce a state of undernutrition, protem deficiency, and hypoproteinemia the symptoms of which, perhaps little understood until now, include (1) loss of weight and strength, (2) loss of stamina or "pep", (3) various degrees of chronic fatigue, and (4) a much lessened resistance to disease At the same time, these manifestations are the earliest and most common manifestations of latent disease of the liver These subjective symptoms are commonly not perceived by the individual lumself cases this latency predisposes to more profound changes, especially in the functions and structure of the liver And the prevalence of such latent conditions is very little understood at its true clinical importance among the profession

The impression is growing that an enriched protein diet is not only advantageous but also very necessary, clinically, both in latent and in recognized liver disease, both as a preventive measure and as an important method of treat-For this purpose the newer knowledge has greatly enlarged the sphere of replacement and enrichment protein therapy as a protective (1) for preventing any impairment of the normal functions of the liver, (2) for preventing the deposition of fat in the liver cell and for a powerful lipotropic activity, (3) for lessening the susceptibility to and increasing the resistance to toxic and chemical external or parenchymatous injuries, to infection, and to other forms of disease, (4) in the facilitation of reparative efforts after chemical or toxic injury of the liver parenchyma, and (5) in enhancing the efficacy of healing in operative and other types of wounds, especially in burns and in other forms of corrosive inury in which there is a sudden and large de-

pletion of proteid

In addition to these effects, there are important general effects, including (6) a sense of well being. (7) increased mental alertness, and (8) increased capacity for work and muscular activity without any undue susceptibility to exceptional states of fatigue. In this regard the previously held clinical regard for a preponderantly or excessively carbohydrate diet for industrial workers has suffered considerably

Summary

Undernutration leads to undue and pathologic forms of fatigue and is frequently associated with unrecognized latent liver disease. In the industrial worker this is an important cause for loss of working hours beyond the average and for decreased or faulty output. In this regard the importance of an enriched protein intake in an otherwise well-balanced and sufficiently abundant diet is stressed as both a proventive and a curative measure

#### FREUD AND HIS WORK

Sigmund Freud may not have been the greatest psychologist of all time but he made what is per

psychologist of an tune nut to be specially bana the greatest contribution to psychology

Freud was born in Moravia, but had byod in Vienna from early childhood, and might have died there if the Nazi invaders had not robbed hun of his worldly goods and insulted him so grossly that further life in that city was impossible. He with his family and several colleagues, took rouge in England, and died in London a few months later

Freud was a Jew and this fact was doubtless a potent cause of Nazi intolerance toward him. It is not unlikely that traits inhorited from his Jewish ancestry were factors in enabling him to achieve tho purpose he had set himself His name will live as the discoverer of the unconscious, or rather ho was tho first to demonstrate the existence of an unconscious or subconscious mind in man, and showed how it might be rendered accessible to useful study and render possible the successful treatment of some meetal conditions. He originated a new branch of science, under the name of psychoanalysis.

His final conclusion, after a thorough exploration and close investigation of the unknown and un charted depths of the unconscious mind, was that the conscious mind is merely a reflection, in some respects distorted, of the inner and hidden persoo ality, that our interests ambitions, aversions, as-pirations and so on the thiogs which make up what we call the real world are only surface emana-tions of this hidden personality. This unconscious mind has an inadequate relationship to the world of reality While in close association with the fundamentals of life, the expressed thoughts of the un conscious, when inhibitions are released, are as weird and fantastic as the delusions of the manne There seems to be no reason in the wanderings of the unconscious mind It is a place of conflicts, con-fused clashings, and strivings between the incheate wishes of one mind and the elements of the other mind, fear being the predominating feature. A cloak of reality may partially cover the conscious expressions of the impulses of the unconscious mind, but they have only a mask of apparent rationality and in a way, are symbols of our upsidedown world

Freud procented the human animal as rent asunder or deeply divided by inner conflicts which sometimes became transformed into outer conflicts of which both sides are usually unconscious, the ovidonces being indirect disturbances of emotion and judgment. Froud gave the name of represent to a strong barner which exerts an extremely powerful, almost impassable resistance to recognition of what is passing in the uncenscious mind

Freud gained much of his clinical experience from the symptoms and dreamlike fantasy life under narcotics and drew the conclusion that the unconscious mind as the primitive mind of the child, is at one and the same time savage and "animal" and possesses stronger moral deterrent tendencies by far than man is aware of "Man is both more moral and more immoral than he knows."

What has made Freud's name known far end wide is his study and the deductions therefrom, of the sexual life beginning with that of the child Freud was the founder of the Psychoanalysis School in Vienna, of which Alfred Adler was a member They parted company when Freud demanded that his associates accept without question his sexual theory

Seven others left Freud's circle and with Adler founded the Society for Free Psychoanalysis, afterwards named Society for Individual Psychology Jung the Swass psychologist, also withdraw from Freud's circle and founded a new school. Charcot, of whom Froud was a pupil, threw the soxual theory of hystoria into disrepute Janet emphasized its emotional causation, while Freud interpresent the mechanism of hysteria as the resultant of a psychic traumatism or nervous shock, of a sexual nature in the first instance, leading to morbid hrooding and a kind of mental involution. As Garrison says in his 'History of Medicine' the interest of Froud was his profound insight into primi tive mentality, or what Jelliffe calls "paleopsy-chology" the historic past of the individual psyche. He has given neurologists a new instrument for exploring unconscious states which, in competent and temperate hands, may be effective.

Frend will deservedly go down to posterity as a great and original man of science. For many years he had suffered from a painful disease which he bore with stole fortitude. Both the great Vienna psychologists, Freud and Adler died in Britain.—If

Rec., March 18, 1945

# THE ROLE OF PYRUVIC ACID IN FATIGUE

NATHANIEL MEYER, M D, New York City

PATIGUE among large groups of employees in industrial plants presents a major health It takes a great toll in illness and disability and contributes to accidents and inefficiency

This report deals with the type of fatigue which is caused by faulty carbohydrate metabolism, especially the inability of the system to fully convert the potential energy contained in carbohydrates into the final oxidative state

Recent literature establishes the value of the vitamins of the B group in carbohydrate metabo-Thiamine, riboflavin, and macin combined with divalent minerals and proteins form coenzyme groups which play an important role in the metabolism of energy foods 1-10 Thia-

mine, for instance in the form of cocarboxylase, is essential to the carboxylation of pyruvic acid into the final ordative products, which only then makes food energy available for the body's

use 11-14

Riboflavin and niacinamide also play an important part in food metabolism These vitamins also form coenzyme systems, such as cozymase, coenzyme 1, and coenzyme 2 that is how their physiologic action is defined 1 4

When the system lacks a sufficient amount of thiamine to complete the metabolism of energy foods, very often pyruvic acid is accumulated in the blood, therefore, when the physician finds an abnormally elevated pyruvic-acid content, he can supplement the diet with concentrated nutritional factors (vitamins of the B complex, certain minerals, and proteins) necessary to reduce blood pyruvic acid to normal and thus aid in eliminating fatigue 13-15

In view of the above, I have organized in our plant a fatigue clinic with the following objectives

To determine the most effective therapy in the type of fatigue which is associated with an elevated blood pyruvic acid (fatigue due to faulty food metabolism)

To determine how prevalent this type of fatigue is among industrial workers

For this purpose I selected a group of 38 employees at Rogers Diesel and Aircraft Corporation, the Bronx, who complained of fatigue, who were not taking vitamins, and whose diet contained a high percentage of carbohydrates group comprised men and women complaining of undue fatigue in the absence of any specific ailment to cause it, and fulfilling the above-mentioned criteria That this type of fatigue is prevalent may be seen from the fact that 31 out of 38 subjects had an abnormally elevated blood pyruvic-acid content

Thirty-one fatigued subjects, each having an elevated blood pyruvic-acid reading, were then divided into four groups, three groups received different types of yeast and yeast extracts and the fourth group, acting as controls, received a At intervals of three weeks blood pyruvic-acid determinations were made. The details of this clinical study may be described as follows

In each case we first determined

(a) a history of fatigue

(b) a history of carbohydrate diet

(c) and the fact that the subjects did not take supplemental vitamins

The subjects reported to the Medical Department without breakfast. After a period of at least thirty minutes of chair rest, venous blood was obtained and its pyruvic acid content was determined by the method of Bueding 15 A nutritional concentrate was assigned to each The formula of each was as follows

Group 1 received a nutritional concentrate comprised of a combination of several types of brewer's yeast and yeast extract A daily dose of three tablets contained the following vitamins 1 mg (333 I U) of thiamine (of which 50 per cent is in the form of cocarbovylase), 300 µg of riboflavin, 2,100  $\mu g$  of macin, 525  $\mu g$  of pantotheme acid, 90 µg of pyridonine, 36 J-I umts of filtrate factor together with other members of the B complex, proteins, and trace minerals, all derived from natural sources and combined with natural amino acids \*

Group 2 received the same product, but instead of the daily dose of three tablets six tablets daily were fed to each of the subjects in this group

Group 3 received a brewer's yeast extract of three tablets daily, containing the following vita-1 mg of B<sub>1</sub> (thiamine), 0210 mg of nboflavin, 02 mg of macin, 01-02 mg of pyrido ane, 035-055 mg of pantothenic acid

Group 4 received a placebo comprised of three tablets which contained only mert materials

Two nurses, under my supervision, distributed daily to each of the subjects the nutritional concentrates in the form of tablets To avoid mistakes the daily dosage of each concentrate was \* This concentrate was supplied by the Nutrex Company,

Inc

put into envelopes and on each was marked Group 1, Group 2, Group 3, and Group 4 Each subject took the concentrate in the presence of the nurses The following results were obtained abnormal values for pyruvic acid were obtained on the first test in 31 of the 38 subjects. The distribution of normal pyruvic neid on the first determination is as follows Group 1-2 of 9 subjects, Group 2-1 of 9 subjects, Group 3 -3 of 11 subjects. Group 4-1 of 9 subjects

This shows a good sampling The distribution of abnormal pyruvic-acid values on the first determination are as follows Group 1-7 of 9 subjects, Group 2-8 of 9 subjects, Group 3-8 of 11 subjects Group 4-8 of 9 subjects shows good sampling. The average in mg per cent of the first pyruvic-acid determinations in the abnormal subjects are as follows Group 1-1.56. Group 2-1 57. Group 3-1 65. Group 4 -1.63

The subjects were then placed on the test substance and pyruvic-acul determinations were performed at intervals through August 14 The averages of the last test in the four groups of abnormal subjects are as follows Group 1-1 11, Group 2-1 39, Group 3-1 40, Group 4-1 47 These figures indicate a definite unmistakable lowering of the pyruvic acid to a normal level in Group 1 Group 2 showed a lowering of the pyruvic acid but not to normal levels group there was only one abnormal subject in whom we obtained a pyruvic-acid determination after June 26, 1944 It is likely that, if more determinations had been made after that date, Group 1 and Group 2 results would not be dissimilar Group 3 showed a moderate lowering in the last test over the first test but not to normal levels. The pyruvic acid in this group was not as effectively lowered as in Group 1 showed a slight lowering of 1 63 to 1 47, but lt was still well above the upper limits of normal This group shows very little, If any, significant lowering of pyruvic acid

In summary, one may conclude that in Group I there was a definite and significant lowering of the blood pyruvic acid to normal levels and Group 4 showed no or little significant lowering of the blood pyruvie acld In Group 2. because of a chance distribution in obtaining samples, we are unable to make nny definite statement other than the above.

During this clinical study a printed questionnaire was filled out by each subject in the Fatigue Clinic which covered the progress of therapy in connection with sleep, appetite, ability to work. and improvement of fatigue.

It is notoworthy that the progress of intigue climination was parallel to the reduction of the blood pyruvic-acid content to normal

It is obvious that fatigue in industry should be investigated and, if it is due to faulty food metabolism, a proper nutritional supplement to reduce the pyruvic-acid content to normal will do much to alloyante fatigue

I wish to express my appreciation to Dr. Norman Jolliffe, in whose laboratory the pyruvio ncid determinations were made

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#### ENRICHMENT OF BREAD AFTER THE WAR

Pointing out that both federal and state action will be required to saure continuation of the benefits of enriched broad, now compulsors under wartime regulations, the Journal of the American Medical Association for January 20 declares such a program should have the active support of all informed persons

The Journal explains that "among the important applications of the numerous advances in nutrition is the development of the program for en richment of food By order of the War Food Administration all bakers white hread, white rolls, and sweet rolls must be enriched with vitamins of the B complex and iron to stated levels. The con

tent of enriched baked goods in thiamine, niacin, and iron is thus brought to the desirable high levels of these constituents found in similar products made from whole-wheat flour

"The continuance of these benefits to the nation's nutritional standard is not non assured beyond the duration of the emergency The compulsory enrichment of baker's white bread and rolls terminates with the resolution of the wartime powers of the War Food administration The problem then reverts on the individual states as to whether enrich ment of these foods will continue to be required Legislation at the federal level would affect only those products handled in interstate commerce

## CONFERENCES ON THERAPY

Departments of Pharmacology and Medicine, Cornell University Medical College and the New York Hospital, January 11, 1945

THESE are stenographic reports, slightly edited, of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors. The next report will appear in the August 1 issue and will concern "Digitalis vs. Digitoxin"

# The Treatment of Subacute Bacterial Endocarditis

DR HARRY GOLD The outlook for the patient with subacute bacterial endocarditis was practically hopeless up to about 1936 If one puts together a fair sample of the reports in the literature up to that time, there is the indication that about 1 per cent of these patients recover spontaneously However, most physicians who encounter patients with subacute bacterial endocarditis in the course of their practice never have seen one who survived the disease What treatment was applied might have played some part in prolonging life, but seemed to add little or nothing to the chance of survival began to change with the appearance of the sulfonamides Sterilization of the blood stream became a fairly common experience appeared on the scene cases of unequivocal cures The over-all results, however, were far from satisfactory In most cases the sterilization of the blood stream was only temporary instances of dramatic results were reported with massive doses of the sulfonamides which were sufficient to produce alarming suppression of renal function While the cures still remained few, their numbers were way outside of the range of those found in the presulfonamide period one report which summarized the experiences with nearly 200 cases, the cures were 6 per cent The incidence of cures seemed to have been boosted by additional measures, the use of heparin and hyperpyrexia The combination of sulfonamide with heparin, as suggested by Kelson and White for the purpose of controlling the fibrin deposition on the valves, yielded the figure of about 12 per cent cures The demonstration that sulfonamide became about 100 times more effective with an increase in the temperature from about 99-102 F  $\,\mathrm{sug}$ gested the use of hyperpyrexia together with the The body temperature was raised to levels of 104 F or higher for many days either by diathermy or by intravenous injections of typhoid-paratyphoid vaccine This form of treatment was stated in one report to cure 20 per cent of the patients These promises were not ful-

filled and with the use of the sulfonamides it still remained the common experience that a disappointingly small number of victims of subacute bacterial endocarditis could expect to survive the disease

The use of penicillin has opened a new chapter in the therapy of subacute bacterial endocarditis The initial experiences were quite discouraging In the way in which it was first used it was clear that penicillin could sterilize the blood stream in some cases, but the results were only temporary and the patients eventually succumbed first report by the Committee on Therapeutic and Other Agents of the National Research Council in August, 1943 contained an account of unsuccessful experience with penicillin in 17 pa-Then came the report in January, 1944, by Loewe and his collaborators with an account of 7 consecutive cases of subacute bacterial endocarditis successfully treated with a combination of penicillin and heparin While at the time of the report the patients had remained with negative blood cultures and were free of clinical signs of the disease for periods of only about two to five months, and while the permanence of the apparent cures still remained in doubt, their results are of unusual interest, since they suggest the possibility that with the appropriate use of penicilin the cure of subacute bacterial endocarditis has come within our reach This group of workers has had a great deal more experience since that report and we are fortunate in having Dr Leo Loewe here to open the discussion this afternoon on the status of the treatment of this disease at the present time

Dr Leo Loewe Our present clinical investigation of subacute bacterial endocarditis, as published in the J.A M A about a year ago, was suggested by the results of experiments in the rabbit. These animal experiments showed that fibrin and blood elements served as an impenetrable barrier protecting the offending organisms, which lay deep in the vegetations, from circulating chemotherapeutic agents. To accomplish disappearance of vegetations, the combined use

of a suitable chemotherapeutle agent and an anticoagulant was required. Heparin was successfully employed in these experimental animals to arrest the deposition of blood platelets and fibran. Relatively fresh artificially induced thrombi in the animal disappeared through the use of the anticoagulant.

Human postmortem material corroborated the observation that heparin may reduce endocardial vegetations. It is a recognized fact that heparin, by preventing accretions to the thromhus, accelerates the healing of thrombotic lesions

in general

Our early clinical experiences were unsuccess ful. The shortcomings of the intriveuous administration of heparin were overcome by the subcutaneous deposition of the drug in n special medium. In cooperation with Roche-Organon, Inc., we adopted the Pitkia menstruum, composed of gelatin, dextrose, and glacial nectio acid and water in definite proportions. This accomplished a slower and more equable absorption of heparin.

The combination of sulforamides and beparin yielded results not very different from the occasional spontaneous cure. When suipplies of penicillin were made available to us through the courtesy of Mr. John L. Smith, of the Charles Pfizer Company, and later also through the cooperation of the National Research Council under the acgus of Dr. Chester S. Keefer, the technic was modified by the replacement of sulfonamides.

with penicillin.

The administration of heparin and the determination of the optimum desage are gauged by the tilt-tube Lee-White modification of Howell's method for determining the blood coagulation time.

A reading of thirty to sixty minutes is indication time above one hour is wasteful of the drug and may indeed be hazardous, particularly if the clotting time is prolonged to two or more hours. The subcutaneous deposit of 300 mg of heparin every second or third day, or approximately 200 mg daily in the form of the aqueous commercial product in the venoclysis suffices. Hyperroactors require lesser amounts of heparin and hyporeactors, of course, need additional dosage

The estimation of penicillin dosage presented greater difficulty. Sensitivity tests of the organisms were made. Most of them were inhibited by dilutions of from 0 007 to 0.5 Oxford units of penicillin per cc of test broth. The daily dosage of penicillin to date (January 11, 1945) varied from 40,000 to 2,250,000 Oxford units. The total individual dosage ranged between 867,000 and 95,620,000 units. The available preparations of penicillin are so free of toxicity that the

latter amount was introduced without significant

Because of the early limitations in the supply of penicillin, an effort was made to reduce the span of treatment to a minimum so that material might be available for as many patients as possible Additional courses were given whenever necessary, and were well tolerated. In our earlier experiences, multiple courses were not uncommon in the advanced cases. However, our present procedure is to give one span of treatment sufficient to obviste the necessity for retreatment. We feel that desages chould be revised upward promptly and drastically in order to achieve sterilization of the blood etream for at least five consecutive weeks before interrupting treatment.

As our expenence expands, particularly with problem cases such as penicillin failures, and we have acquired a number of these, it appears that an avorage daily dose of at least 300,000, and preferably 500,000 Oxford units, is desirable Increased dosage or a more prolonged span of treatment is necessary for patients who are deteriorated or who show severe clinical manifestations of bacterial activity, such as embolization, marked eplenomegaly, and violent temperature reactions. Additional factors that enter into the determination of the dosage level are the sensitivity of the organism to penicillin and the capacity of the patient to develop and maintain an adequate level of the drug in the blood

To be therapeutically effective, penicillin blood levels must be far in excess of the in vitro bactericidal requirements. The best clinical results are achieved when the dose of penicillin is sufficient to maintain n blood serum level of at least 5 to 10 times that indicated by the in vitro test Chinical and laboratory observations indicate that there is a bacteriostatic zone of penicillin concentration which is superseded by a bacteri-

cidal zone at higher concentrations

Pencillin is nontoxic in massive doses up to 30,000,000 Oxford units per day. The response to massive doses is much more prompt and sustained. Low dosage invites failure, and the organisms may acquire resistance that is so high as to render future therapeutic levels virtually unattainable. In at least one instance we observed a fortyfold increase in the resistance of the organism to penicillin.

Some patients lack the capacity to develop effective blood penicillin levels because the organism is relatively insensitive to penicillin, more often because the drug is excreted too fast. In them it is necessary to naine methods for the enhancement of the blood levels. It occurred to Dr Carl H Beyer and his associates, of the Modical Research Division of Sharp and Dohme, Inc.

that it might be possible to suppress the tubular secretion of penicillin by the simultaneous administration of para-aminohippuric acid, which is also excreted by the renal tubular epithelium The intravenous administration of para-aminohippuric acid at such a rate as to make plasma concentrations of about 30 mg per cent increased penicilin plasma concentration 21/2 to 4 times This invaluable contribution to penicillin therapy by Dr. Beyer and his associates has been confirmed by us Through the kindness and cooperation of Dr John Henderson, Medical Director of Sharp and Dohme, Inc , and with the additional guidance of Dr Beyer, our group has conducted experiments along these lines in patients with subacute bacterial endocarditis cause of certain technical difficulties and the limited supply of para-aminohippuric acid we have only a few experiments at the present time

We have tabulated the results in 4 patients who received from 500,000 to 2,000,000 units of penicillin simultaneously with 60 to 100 Gm of para-aminohippuric acid per day in the same intravenous drip for periods as long as eight days. The para-aminohippuric acid blood levels did not rise above 21 mg per cent, as against the optimum levels of at least 30 mg per cent. The results confirm the fact that para-aminohippuric acid levels about 10 mg per cent enhance the blood levels of penicillin. Further work is in progress and will be reported at a later time.

It is our impression that by the use of huge doses of penicilin alone, up to 30,000,000 units a day, without enhancing agents, it is possible to impede penicillin excretion by the process of overwhelming the function of tubular excretion In this manner blood penicillin assays of as high as 60 Oxford units per cc have been achieved These figures sound astronomic, but it is important to remember there are organisms which in the test tube require that amount of penicilin to destroy them These represent the penicillin We hope that in time, with the aid of the para-aminohippuric acid expedient and with the huge doses of penicillin, we may obtain cures in these cases also

It is our custom to devote the first few days of therapy to the determination of penicillin levels following intramuscular and intravenous administration of the drug. During this trial period, heparin is withheld primarily to obviate any dislodgment of loosely attached vegetations.

Our experience indicates that intravenous injection of penicillin is decidedly the method of choice. Fractional intramuscular injections result in the attainment of a higher peak which cannot be maintained and which is followed by a prompt and abrupt decline so that, for a sizable fraction of the treatment day, the blood is vir-

tually free of detectable amounts of penicillin In contrast, the continuous intravenous injection produces a constant and sustained level rarely, when the patient is in congestive failure or there is a severe pyrogenic reaction, do we resort to continuous intramuscular administration We do not advocate the latter method because the levels, as we determined on numerous occasions, for the same daily doses, are 50 to 60 per cent of those by the intravenous method thermore, with the doses we now use the muscles become quite irritated and intolerant of the drug, and fever frequently occurs At the earliest possible opportunity, then, we turn to the continuous intravenous drip, employing minimum amounts of diluent In all instances, when available, Ringer's solution is employed as the vehicle The patient is placed on a salt-poor diet and heparinization is started as soon as the preliminary steps have been completed

Accessory therapeutic measures include the use of high-caloric, high-vitamin diets, supplementary multivitamin preparations, hematimics in liberal dosage where there is anemia, and frequent transfusions when indicated. The latter require temporary interruption of heparimization and hence are postponed, if possible, until the termination of penicillin treatment.

We have summarized the results of the treatment of subacute bacterial endocarditis due to Streptococcus viridans or nonhaemolyticus, using the combination of the intravenous penicillin and subcutaneous implants of the anticoagulant There were 62 consecutive and unselected patients, 60 of them with Str viridans and 2 with Str nonhaemolyticus The duration of illness prior to treatment varied from one to fifty-six weeks The penicillin sensitivity of the organisms varied from 0 007 to 0 5 Oxford units Fifty patients (81 per cent) may be regarded as having shown satisfactory results these, 46 are abve and many have resumed useful occupations, 4 have died of other causes were 12 failures (19 per cent) In this group there were 11 deaths from progressive circulatory failure, coronary occlusion, embolization, and lobar pneumonia This makes a total of 15 fatalities in the original 62 cases might have been better had we chosen to treat only those patients in the early stages of the disease and to eliminate those with manifestations of circulatory failure, ulcerative lesions, and embolic complications One cause for treatment failure in 3 patients was the refractoriness of the organism

In unreported studies made by Professor J M Sherman, of Cornell University, an attempt was made to establish a correlation between streptococcus type, penicillin sensitivity, and 01100

the clinical response Professor Sherman worked with twenty-four different organisms in our senes of 62 patients and established the presence of three different species Three patients were infected with a proviously unidentified streptone and designated Streptone.

feeted with a proviously unidentified streptococcus, now designated Str sbc, they were resistant to therapy and all three succumbed. A fourth patient infected with Str sbc is included in the fatal cerebral embolic group. Str sbc is not a miscellaneous collection of "unclassifiables," but represents an apparently homogeneous group with a unique combination of biologic characteristics and considerable immunologic homogeneity. Professor Sherman has been unable to isolate this streptococcus from the human mouth and throat, but has isolated it from the washings

of an infected sinus By contrast, 14 patients were infected with Str mitis, apparently more sensitive to penicilin, since 13 of these recovered, and only one died. Three patients were infected by Str bovis two of these recovered and one died. Significantly, the autopsy in the fatal Str bovis infection showed healed endocarditis. Our first treatment failure in a surviving pa-

tient was an instance of reinfection with another strain of a streptococcus Professor Sherman found that the organisms recovered from the blood stream during the first and second attacks were different. This suggests that the patient was cured of his disease, but not necessarily immunized to subsequent bacterial invasion. The original strain was Str salivanus, whereas the more recent strain was the more resistant Str she. This patient was retreated and was discharged some time ago as a recovered case, so far as the bacterial endocarditis within one year have taken their toll of the valve substance, and this patient is in moderate heart failure

It is a well-established fact that ombolization is a common complication of subscute bacterial endocarditis Embolization has also been attributed to the heparin, particularly in the presence of thrombotic vegetations on the heart valves. In order to ascertain to what extent treatment contributes to embolisation we examined the results in 10 of our patients. In 0 in whom embolic phenomena were present before treatment the treatment was successful Three patients in the first 26 of the series of 62 cases developed emboli during treatment and succumbed These are included among the treatment failures Since we have used the preliminary three-day course of intramuscular penicllin. we have encountered no cerebral emboli during treatment In one instance there was embolization after the treatment. That potient made a splendid recovery both from the infection and

from the hemiplegia which resulted from the vascular occlusion. These experiences indicate that embolization before the treatment is not a contraindication to the use of the heparin and pencillin, and that embolization occurring during and following treatment is more likely a manifestation of the continued progress of the underlying disease.

We have, then, recorded satisfactory results in 50 patients, 46 of whom are alive at this time Many have resumed their normal activities. Tho most recent patient has been observed for only two months, but the earliest member of the group was discharged from the hospital fifteen months In the favorable case, the temperature falls to normal, the patient experiences n sense of well-being, the appetite improves, embolic phenomena disappear, the splenomegaly recedes, as does the clubbing of the fingers, there is progressive gain in weight, improvement in the hematologic picture, and decrease in the sedimentation rate If the patient weathers the first two weeks after treatment without relapse, the need for retreatment seldom arises. This is particularly true with the present method of dosage schedules Naturally, the mechanical deformities of the heart valves result in varying degrees of diminution in cardine reserve Several factors determine the outcome of the therapy Those patients who are seen soon after the onset of the bacteremia, who have relatively small vegetations, and who do not suffer from circulatory failure, have the optimum chance for oure. provided their infection is by a penicillin-sensitive organism As Professor Sherman's studies have shown, infecting organisms vary greatly Apparently infection with Str mitia or bovis carries a much more favorable prognosis than that with Str sbe

A favorable outcome in 4 out of every 5 patients leaves no doubt that the beneficial results observed in this unselected series cannot be attributed to spontaneous recovery

Finally, and this cannot be stressed too much, we have included in our treatment program the elimination of foci of infection before permitting the patient to leave the hospital, and in this we have had the collaboration of Dr M D Levin. the oral surgeon at the hospital To prevent recurrence of the bacteremia, penicillin is administered parenterally and topically before and after the eradication of the focus In the beginning, we waited for recovery before looking into matters of focal infection We have revised this program so that we now investigate for foci of infection as early in the span of treatment as is consistent with the condition of the patient. This does not interrupt the treatment We have gained the impression that some of our patients

have been subjected to an unnecessarily long span or repeated courses of treatment because this program was not instituted earlier the eradication of the foci of infection there has been a prompt and satisfactory response to the treatment We regard this phase of the treatment as of considerable importance both as a curative measure and as an aid against reinfec-

We conclude from our experiences that age and set have no bearing on the outcome of the therapy, that the type of organism, apart from the so-called Str sbe, is immaterial, provided it is inhibited by penicillin within concentrations of from 0 007 to 0 5 Oxford unit per cc, and that, if the patient is in good physical condition, the duration of the disease is less than three months, and the causative organism is sensitive to penicillin, a satisfactory result may be anticipated in virtually every case

DR GOLD Dr Wheeler, you have had some experiences here at the New York Hospital in the treatment of subacute bacterial endocarditis Would you be willing to tell us about them?

DR C H WHEELER We have had about one fourth the experience of Dr Loewe patients with bacterial endocarditis due to nonhaemolytic Str alpha have been treated here under Dr McDermott Five of them died from heart failure or emboli during the period of treatment The penicillin seemed to have cured the other 10 We did not use heparin, and the penicillin was given intramuscularly, for the most part, rather than intravenously were those two differences between the New York Hospital cases and those of Dr Loewe

DR Gold Were your doses as large?

DR WHEELER I think none of our cases received as much as some of Dr Loewe's patients The average dosage was 200,000 to 300,000 units daily, and the average treatment period was between fourteen and twenty-one days Like Dr Loewe, we encountered a number of patients who were not cured by the original course of treatment or who relapsed soon after, but who did appear to be cured after further and more intensive treatment with penicillin

DR Gold Were the 10 cases you spoke of discharged from the hospital as cured?

DR WHEELER Yes Two of the 10 have been well for eleven months, 4 for six months, and 4 for a period varying between one and three

I think it is interesting to contrast this penicillin data with our own experience with sulfonamıdes here ın New York Hospital teria for the diagnosis and cure of the disease were the same with the two types of treatment treated 161 cases of bacterial endocarditis with

sulfonamides here in this hospital, only 3 of them can be considered cures, a little over 11/2 per cent

DR GOLD That sounds almost like the presulfonamide spontaneous recoveries

DR WHEELER Except that in New York Hospital there are no records of spontaneous What that means I don't know

Perhaps it means that our criteria for the diagnosis were a little more rigid or that we required a more advanced stage of the disease than in some of the reports in the literature in which as many as 3 per cent were cured Our records show patients who were thought to have bacterial endocarditis because they had rheumatic heart disease, fever, and blood cultures positive for Str viridans, but when they came to autopsy there was no evidence whatsoever of bacterial endocarditis They were apparently cases of rheumatic heart disease with transient bacteremin

Dr. Gold Dr Eggleston, would you like to add anything to these experiences?

DR CARY EGGLESTON This is a very extraordinary account that Dr Loewe gives us, and without casting any reflections upon the success that he has had, I would like to utter a word of conservative warning based not upon the experience with penicillin primarily, but upon experience with other efforts to control subacute bacternal endocarditis I think it is still a little bit early for us to judge just how successful this therapy will be Furthermore, I think that in all probability the success of therapy will vary proportionately to the thoroughness with which the method is carried out It is perfectly obvious to me from Dr Loewe's original report, which he cited, and from the subsequent data, that he studies his patients from every possible point of view and that he modifies his treatment to meet conditions discovered in the course of that study I don't think that that can be anticipated as the common practice when penicillin becomes sufficiently available to have it used more widely

I am very much interested in his remarks about the possible lytic effects of heparin for blood clot I would like to ask what his evidence is for the solution of blood clots by heparin as administered clinically

DR McKeen Cattell I would like to have Dr Loewe add also the evidence of the importance of heparin in establishing the superiority of the combined treatment in his cases

DR GOLD I would like to ask Dr Lichtman, who at one time summarized the literature on the various therapies of subacute bacterial endocarditis, for his opinion on the status as presented here today

DR S S LICHTMAN The term "spontaneous recovery" as applied to subacute bacterial endocarditis requires definition. It applies to patients who present themselves with the earmarks of a "burned-out" disease—a large spicen, secondary anemia, a valvular lesion, and some old febrile disease—or to postmortem findings of healed subacuto bacteremia. It does not apply to the activo type of case we are discussing today. In these cases we start with no spontaneous recoveries.

The 4 per cent recoveries during the sulfonamide period is, therefore, a substantial figure. The supplementary methods, especially hyperpyrexia, raised the figure to 6.5 per cent These were not selected cases

We have novor been able to accept the reports of higher incidence of cures because they wore not well controlled Kelson and White obtained higher figures with heparm but they required that the sulfa drug first render the patient bactorafree before the heparin was started. Such a specially selected group would be expected to yield more cures without heparin.

I think that the early failure of Keefer's committee with penicillin was a matter of dosage

Dr. Gold The total doses in their August, 1943, report ranged from 240,000 to about 1,760,000 units in from nine to twenty-six days

DR EGGLESTON If I recall correctly, many of the patients received, over the whole period of treatment, the amount that is now given to the average patient in one day. There wasn't enough material available at the time

DR WHEELER I think that is the nature of Dr Loewe's contribution, and you correct me if I am wrong, after we decided that penicillin was ineffectual in the treatment of this disease, he showed that it was not so when very much larger doses were used.

DR GOLD Dr Loewe, would you like to take up some of the points which have been raised? How about the heparin?

DR LOIWE Shall we take that first or talk ebont penicillin dosage because that is etill the most important feature of the treatment? We have always contended that the penicillin component is the essential feature of the treatment

As Dr Wheeler has indicated, our contribution was to show that penicillin was effective in the face of evidence directly to the contrary. The figure is not 17 failures. The latest figures given by Keefer show 52 failures out of 55

DR GOLD The discussion by Dr Chester Keefer in the J.A M.A of March 4, 1944 (124 636), indicates that only 3 of 55 cases reported to the Committee were alive after one year of study It 18, of course, possible that many of these might have looked like cured cases at the end of six months. I don't know what the facts were However, Dr Keefer's eccount of cases in which

patients were not cured by even massive doses of peniellin gave little encouragement

DR LOEWE As for the heparm, only further experience will determine what part of the therany is essential and what part can be abandoned We started with the promise, based on animal experimentation, that an anticoagulant is needed. that fihrin and blood elements serve as an impenotrable barrier to effective chemotherapy. and that the organisms he so doop in the vegetations that they are well protected from the circulating drug. It seemed that the cures were better with heparin and chemotherapy histopathologic picture changed, the vegetations were now devold of fibrin We induced the disease in a series of heparanzed animals, in them the vegetations were puny and discontinuous But we realized at the outset that the heparin was not the most important part of the treatment

The essential feature is the massive dose of penicillin. It is this which has reduced this unyielding disease to one which promises to be 80 per cent curable. I should state again that our somes represents unselected cases. None were turned down. Some were badly deteriorated. I believe that eventually it will be recognized that doses of 200,000 or 300,000 units may take care of selected cases but will not do in unselected somes. Dr. Wheeler, were not those cases of yours rather highly selected according to the criteria of the Committee?

Dr. Wheeler That is right They were all infected with organisms proved to be highly susceptible to penicillin.

Dn. Lowe Our group treated 8 cases for the Keefer Committee. We selected them necording to their enterna. They had very sensitive organisms They received doses of 200,000 to 250,000 units a day One of them required retreatment and is well. Another was well about six months after cure of a Str salivanus infection, when he was reinfected with the more resistant Str sbe

DR Gold What happened to the other ax?

Dr. Loewe They are well

Dr. Gold For how long n period?

Dn. Loewz We started our first case in January, 1944, and we treated 1 every two weeks or so for the Committee until we had a total of 8 It is now about a year, and all 8 are well They had received the combined therapy of heparin and penicillin

Dr. Gold Could we get back to Dr Cattell's question about the heparin? That seems to be something that troubles n great many people How important is the heparin in your opinion? At the present time would you be willing to drop it?

DR. LOEWE No, not at present There are

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There are the animal experiseveral reasons ments which suggest that it has value the indication that it prevents the deposition of blood platelets and fibrin But apart from that, it is not feasible technically to give large doses of pentullin, 2,000,000 units daily intravenously without heparin, for without heparin the treatment is often interrupted by complicating throm-And we insist upon the intravenous bophlebitis route because that is how we obtain the best The higher the levels blood levels of the drug Then there is also the the better the results fact that we have a series of treatment failures when penicillin alone was used, some with massive doses There are non about 14 of them They have gotten well with the combined ther-

This, of course, is not final proof, since the additional penicilin might have done it alone These are our reasons for using heparin. When sufficient proof accumulates showing that the results without heparin are equal to ours in series of unselected cases, we shall certainly be willing

to discontinue it

The heparin gives us no trouble We have had no accidents We use it very carefully We give it mostly subcutaneously in the retarding menstruum

DR GOLD Is it gelatin and ephedrine mixture?

DR LOEWE It is the Pitkin menstruum, composed of gelatin, devtrose, glacial acetic acid, and water, with vasoconstrictors to help retard absorption

Answering Dr Eggleston's question, we avoid the term "lytic" We don't know whether it is lytic. It is well known, in the case of a thrombophlebitic process in the lower extremity, that the thrombosis heals much more rapidly, if the tail is prevented from growing. Preventing accretions to the thrombotic mass should enhance repair. We don't think it dissolves the thrombus.

DR WHEELER If you are going to give the penicillin by continuous intravenous drip, why don't you give the heparin the same way rather

than subcutaneously?

DR LOEWE That is a perfectly valid question We have given it by the continuous intravenous drip, but we don't like it because it requires more supervision. One sets up a dripolator that will go for twenty-four hours, and if that dripolator exhausts itself in twelve or sixteen hours it does not matter as far as the penicilin is concerned, but it does matter if the heparin enters too quickly, so we prefer the heparin subcutaneously

Visitor Isn't subcutaneous heparin painful? Dr Loewe Yes, there is some pain because we deposit it subcutaneously rather than intramuscularly But it is transitory and vari-

able, and they are none the worse for it have not had to abandon it because of pain

DR WHEELER How large a volume of the menstruum do you give in a single injection?

DR LOEWE From 2 to 4 cc We are trying to reduce it, especially the content of glacial acetic acid, in order to eliminate irritation, the cause of the pain

VISITOR I would like to ask Dr Loeve if he thinks that para-aminolippuric acid is a valuable adjuvant, and, if it is, is it a toxic agent to the

kidneys?

DR LOEWE The para-aminohippuric acid is an important addition to our therapeutic program because we have problem cases. Now we don't get the easy ones. It has an adverse effect on the veins in certain concentrations. There are technical difficulties which have to be ironed out. But it is an important addition to the treatment, not the routine treatment of cases, but to the treatment of penicillin failures due to the fact that the patients are not able to build adequate penicillin blood levels.

DR GOLD Have you seen any toxic effects?

DR LOEWE None whatsoever We have given as much as 100 Gm daily intravenously for eight consecutive days. It is not toxic in animals and humans in blood concentrations of 80 mg per cent, which means up to almost 200 Gm a day.

Dr Eggleston The theory of the action of para-aminohippuric acid is still further overloading the excretory mechanism of the tubules?

Dr. Loewe Yes, there is competition between the penicillin and the acid for tubular excretion

DR EGGLESTON Have you seen any kidneys of animals or man having received these large doses of para-aminohippuric acid?

Dn Loewe I have not, sir, but I am guided by the report of others who found no kidney injury

DR JANET TRAVELL Would Dr Lowe tell us more about why he thought his patients were cured? To be sure of that is so important

Dr Loewe They look well When you get them together in a group, they look healthier than the doctors Most of them are back again in gainful occupations, some in arduous labor One man was spectacular in that he was on a chain gang about two months after lie was discharged We recaptured him and he is now working as a metal worker Some of them are working as waiters, housewives, etc., and they feel well Some of them, of course, as a result of the infection, have lost sufficient valve substance to compromise their cardiac reserve These are in mild failure, but they are well as far as their endocarditis is concerned The blood cultures are consistently negative. The blood picture remains good. The sedimentation rates, on which we place great rehance, remain normal. Then we have nutorsy specimens which show that the patients died because they had lost so much valve substance that the hearts could not make the necessary adjustments, but what valve remained was free of bacteria and all evidence of bacterial activity. Finally, we have the patient that came back with a reinfection, with one organism the first time and another the second time.

Dr. Travell What is the longest period of cure?

Dr. LOEWL Fifteen months By the way, that was our worst case He had previously received sulfonamide treatment. He was ill almost a year before we treated him

Dr. Gold How about the possibility of intramuscular injection instead of the intravenous drip? Isn't it a fact that by the intramuscular injection of such doses as 25 000 units at twohour intervals one should encounter no difficulty in establishing blood levels which fall within the range of the concentrations of penicillin required by most organisms which cause this disease, at least those levels shown by the sensitivity tests?

Dr. Loewe The levels are not high enough. and when a high peak is reached within thurty minutes, it falls off to subeffective concentrations within sixty to ninet; minutes. We have made large numbers of two-hourly intramuscular injections in dally doses up to 1,000,000 units. By the continuous lutramuscular route, which is much better than the fractional two-hour method, we obtain about 50 to 60 per cent of the intravenous penicillin blood levels. That is not had except for the fact that the muscles do not tolerate 1,000,000 units of penicillin a day Because we encountered myontis and fever reactions, we have had to abandon it the continuous intramuscular injection on occamons when the patient is in circulatory fallure, or there is a severe pyrogenic reaction, but as soon as possible we return to the intravenous route. That is, at present, the method of choice.

DR. Gold Dr Loewe, what is your opinion of

the recent experience of Drivson and Hunter with 20 cases of combined treatment, of whom 75 per cent were cired and in which the results with three-hourly intramuscular doses seemed about the same as the continuous intravenous method? They treated a few cases with the intramuscular drip of penicillin without heparin, and in these thoy seemed to have obtained equally good results. The majority of their cases received only nbout 200,000 units dally for about three weeks.

1450

DR LOEWD I think that such limited experionces may prove musleading. I am inclined to place a good deal of weight on our series of 14 patients to whom I have already referred, who represented failures with penicilian alone, but who were then cured by the combined treatment with penicilian and beparin. I believe that massive doses of penicillian combined with heparin hold out the best prospects for these patients at the present time.

#### Summary

Dr. Gold Subacute bacterial endocardities was nimost uniformly fatal until a few years ago With the use of the sulfa drugs, disappearance of the bacteremia became a fairly common expenence and occasional patients (4 to 6 per cent) were completely cured. The early experiences with The use of penicillin were quite discouraging massive doses of penicillin has brought this disease under control. Some regard heparin as an important adjuvant and recommend its subcutaneous injection in a special menstruum which retards absorption Others question the value of beparin The causative organisms of this disease vary widely in their susceptibility to penicillin, and for the more resistant cases para-aminohippuric acid given together with penicillin offers some promise of providing more effective penicillin blood levels Some prefer the intravenous Others have obtained satisfactory results by the intramuscular route. There still remains much to be done in order to establish the most effective desage and method of administering, but the fact seems fairly clear that 4 out of every 5 patients with subscute bacterial endocardities may now look forward to a cure

#### THE LIMITATIONS OF PENICILLIN

Delivering the first Lister lecture of the Society of Chemical Industry at Edinburgh, Sir Alexander Fleming the discoverer of penicillin said that, like the sulfonamides, penicillin is highly specific, affecting certain microbes but having little or no action on others. Ho thought it unlikely that we should ever get an antisoptic which would affect all microbes without being poisonous to some human cells. Thus we shall have to arm ourselves with a series of chemicals covering the whole range of microbe growth. In another respect penicillin is not perfect,

Dr Fleming sald, it is rapidly destroyed in the stomach and so is ineffective when taken by mouth. But there is still hope that chemists may be able to synthesuse it and then tinker with the molecule so as to remedy imperfections. Moreover there are thousands of other microbes which may manufacture antisepties even botter than penicillin or which may give a clue to the chemical linkages responsible for the destruction of bacteria. "The work is not finished. It is just beginning" he declared — J.A.M.A., Feb 10, 1946

# PENICILLIN IN PNEUMOCOCCIC ENDOCARDITIS OF AN INFANT WITH CONGENITAL HEART DISEASE

I Newton Kugelmass, M D, New York City

PNEUMOCOCCIC endocarditis is not uncommon in children with congenital malformations of the heart who succumb to attacks of pneumonia. Diagnosis is rarely made during life because the symptoms are obscured by the associated pulmonary process, but prolongation of the disease beyond the first week or recurrence after an apyrexial interval should lead one to suspect such a complication

#### Case Report

S M, a 15-month-old baby girl with patent ductus arteriosus, contracted a severe upper respiratory infection from her father. She was only moderately disturbed for several days when sudden increase in fever, aggravation of cough, and development of rapid respiration marked the onset of pneumonia.

There was moderate prostration with cold and clammy skin, ashen-cyanotic facies, feeble pulse, and labored breathing. The baby was placed in an ovygen tent at the Misercordia Hospital and given I Gm of sulfadiazine per kilo of body weight and supportive treatment. Consolidation developed over the right lower lobe with moderate dullness, bronchial breathing, and crepitant rales. Typing revealed Type XIV pneumococcus, moderate polymorphonuclear leukocytosis of the blood, and

equivocal blood cultures The temperature fluctuated between 95 and 105 F for four days, then similar signs appeared in the left lower lobe, com-plicated by bilateral otitis media Recrudescence Recrudescence of pneumonia kept the septic temperature up for another four days with subsequent fluctuation at about 100 5 F In the midst of apparent recovery the infant was overtaken suddenly and swiftly by spiking fever, intermittent chills, profuse sweating, persistent vomiting, and marked prostration were ashen pallor of the face, shortness of breath, attacks of cyanosis, and acceleration and deepening The lungs were free of pneumonic of respirations signs, but the heart revealed new murmurs, the systolic bruit becoming audible throughout the whole pericardium, the spleen became enlarged, petechiae appeared over the palate and conjunctivae, and the urinc contained red blood cells, albumin, and casts. The infant appeared to be struggling for every breath in the oxygen tent when 200,000 Oxford units of penicilin were given parenterally in divided doses at three-hour intervals, which arrested the process within thirty-six hours unique manifestations of acute endocarditis cleared completely and conspicuously Repeated examinations of the child since her discharge from the hospital have revealed the original cardiac findings and normal developmental progress

# EFFECT OF THE BLOOD SUGAR ON THE ELECTROENCEPHALOGRAM

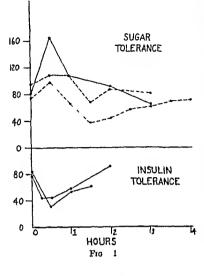
Walter Goldfarb, Maj MC, AUS

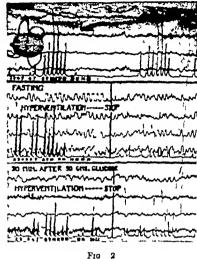
SINCE the beginning of the widespread use of the electroencephalogram clinically there have been numerous studies on the effects of various factors on the incidence and production of abnormal brain-wave patterns Lennov, Gibbs, and Gibbs (1936)1 studied the effects of drugs and their relation to clinical seizures In a later paper the same authors (1939)2 reported on the effects of blood sugar on the spike and wave pattern found in petit The latter study demonstrated that high blood-sugar levels diminished the spike and wave activity of the petit mal seizures It was thought of interest to report a single case of grand mal epilepsy due to hypoglycemic attacks in which the abnormal brain-wave patterns were abolished by the administration of glucose

#### Case Reports

The patient was a 22-year-old white girl, a second licutenant in the US Army Nursing Corps. She was admitted to the hospital after having two "fainting spells" during the month preceding her admission. She gave a history of having had four attacks of "fainting," the first at the age of 14, the second at 18, and the last two within the past month. She could not give a detailed history of the first two attacks other than that they were associated with not eating. The third attack occurred in the mess hall and was observed by the author. She had not

yet started to cat, and she suddenly collapsed while sitting at the table She was caught by her companions and lowered to the floor. There were minor clonic twitchings of the extremities and slight opisthotonus A slight dribble of blood came from the corner of the mouth, and there was no dif-ficulty in forcing a spoon between her teeth Examination of the mucous membrane of the mouth and tongue did not show any source of the blood She recovered in a few minutes and was not confused after the attack About three days later the patient was singing in church as a soloist, and she had what was described by other nurses as an exactly similar attack which again lasted a few minutes She was then admitted to the hospital for a thorough checkup She stated that each attack was preceded by a short aura of dizziness There was no loss of sphincter control during an attack, or confusion afterward, and the attacks were not associated with any emotional stress. The family history was entirely negative for epilepsy history was negative for any serious illness or opera-tion The patient's appetite was excellent, she Past medical frequently had severe headaches which disappeared on eating Routine physical examination was entirely within normal limits. Her deep and superficial reflexes were generally hyperactive, but equal on both sides The patient had poor hearing and with the audiomater tool and the have an with the audiometer test was found to have an average hearing loss of 40 decibels in both ears, and normal bone conduction It was felt that the pa-





tient had a bilateral otosclerosis of moderate sever-

Laboratory Studies —Rentine blood count revealed a slight secondary anemia with 3,38 million red blood cells. The urine was negative, and x-ray of the skull was normal Examination of the upper gastrolntestinal tract by means of x-ray, Sucroscopy and barium ingestion showed that the course of the duodenum was normal, and there was no evidence of any pancreatic enlargement visual ized. Repeated blood counts and urnalyses were also essentially negative. Three sugar tolerance curves are presented in Fig. 1 after the administration of 100 Gm. of glucoso by mouth. Curve I, taken on October 15, 1943, showed a low peak of 108 mg. per cont, followed by a drop below the fasting level at one and a half hours to 68 mg. per cent. It was repeated on December 5, and the peak of the curve was 168 mg. per cent at a half hour, and a drop below the fasting level at three hours to 67 mg. per cent. The third curve was obtained on December 18 after the attent was obtained on December 18 after the attent that half the contract of the contract tained on December 18 after the patient had been on a fixed diet for three days of 100 Gm, of carbo-hydrato per day

The peak of the curve at onehalf hour was 98 mg. per cent, followed hy a drop below the fasting level to 37 mg. per cent at one and a half hours and at the end of the test at four hours the blood sugar had not yet reached the fasting level. Two insulin tolerance tests were performed with 5 and 10 units of insulin intramuscularly The 10-unit dose produced a drop in blood sugar of 55 mg per cent in a half hour and the 5-unit dose dropped the level 38 mg, per cent in a half hour With the 10-unit dose the patient showed definite clinical signs of hypoglycemia in the form of sweating, tremors of the hands, and marked hunger No seizures occurred with either dose. The electroencephalogram studies are reproduced in Fig 2

and the four leads are indicated on the graph There was nothing abnormal in the electroen cephalogram obtained in the postabsorptive condi tion while the patient was resting. The frequen-cies described by the low frequency analyzer of Grey Walter (1043) were principally grouped about 10 cycles per second. Overbreathing cycled The frequena large, diffuse rhythmic Delta discharge and the analyser showed the components to be at 2, 3 6 8, 10, 13, and 14 cycles per second These abnormal 10, 13, and 14 cycles per second rhythms persisted for thirty to forty seconds after overbreathing. A second record taken a half hour after the administration of 50 Gm of glucose showed hardly any slow components either during or after overbreathing. Analysis of the frequencies showed a few components at 6 and 7 cycles per second, the principal components at 10 cycles per second, and a few rapid components at 20 cycles per second. The relatively normal response to hyperventilation after the administration of glacose suggests that the clinical picture of epilepsy in this case was related to the hypoglycomia.

We have observed similar brain wave changes in 3 additional patients which were also prevented by the administration of glucose either by mouth or by vein. There was no history of grand mal epilepsy in any of these cases, but they were all sont in for electroencephalogram studies because of disorders which were suggestive of epileptic equivalent.

<sup>\*</sup> The electroencephalogram studies were obtained through the kindness of Mr. Grey Walter 4 of the Burden Neurologica Institute, Bristol, England.

The frequentry of the occipital temporal lead was analysed by Mr. Walter's low-frequency analyser which covers the range from 1 to 22 cycles per second. The curve described by the analyser was filled in for clarify and labeled with the number of cycles per second represented

#### Summary

A case of epilepsy due to hypoglycemic attacks

was presented

The patient showed abnormal brain-wave patterns during hyperventilation which were prevented by the administration of glucose

#### References

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# CONGENITAL ELEVATION OF THE SCAPULAE WITH BILATERAL OMOVERTEBRAL BONES

ROBERT E INGERSOLL, M D, West Haverstraw, New York

(From the New York State Reconstruction Home)

EULENBERG<sup>1</sup> published in 1863 the first report of the clinical picture of congenital elevation of the scapula This was followed in 1880 and 1883 by two separate reports by Willet and Walsham \* However, Sprengel, \* who described 4 cases in 1891, was the one whose name has since been commonly associated with this deformity first bilateral case was reported by Honsell in 1899 Zesas, in 1904, collected one hundred reports from the literature Horwitz, in 1908, was able to collect 120 cases from the literature and added 16 previously unreported patients Sporadic reports of one or of a few instances of this deformity have appeared since The review of Smith in 1941 is the most recent large series available in the literature. It remained for Gricgs in 1924 to suggest the name "congenital high scapula" since, in his words "nothing can be elevated which has not been down and there is no reason to believe that the congenitally high scapula has ever been lower than is found at birth"

The surgical treatment of this deformity has not been considered by many—Sands, who presented a case in 1888, resected the curved superior border of the scapula—Schrock, in 1926, reported two patients on whom he performed extensive subperiosteal freeing of the scapula, resection of its superior portion and part of the spine, and attachment of the freed scapula to the lowest rib possible with sutures Smith indicated to some extent the undesirable consequences which may result from this procedure

Horwitz<sup>6</sup> reported some form of vertebroscapular union in 25 per cent of his cases, 79 7 per cent of which were bony union Smith reported 14 out of 50 cases with an omovertebral connection

It is interesting in relation to this report to note that bilateral cases represent approximately 10 per cent of cases reported and that the left shoulder is usually the higher, the clavicles make an angle of 25–30 degrees with the horizontal, and facial asymmetry with atrophy of one side is present both with and without true torticollis

The cause of the omovertebral connection has been the subject of discussion of two main schools of thought. One feels that it represents the suprascapular bone as is found in skates. The other, as represented particularly by Keith, is states unequivocally that it is similar to the omovertebral element of certain other fishes (dipnoi and sela-

chians), which joins the suprascapular bone to the occiput. He feels that the suprascapular bone in man is represented by the cartilage along the vertebral border of the scapula

The descent of the scapula from its embryonic cervical position to its ultimate thoracic level in adults has been established and has been well described by Lewis<sup>12</sup> and summarized by other authors <sup>2-3</sup> 11 13

Case Report

Case 1 (2985) —James M, a twm boy 51/2 years of age, was admitted to the New York State Reconstruction Home on January 9, 1943, with a diagnosis of malformation of both scapulae. The condition had been noted at birth and treatment had consisted of continuous observation in the State Orthopedic Clinic. General physical examination was essentially negative. The neck revealed a normal range of motion both actively and passively in all planes. There was prominence of the paravertebral muscles in the neck and particularly in the region of their attachment to the occiput. Facial asymmetry with a definite droop of the right



Fig 1 Preoperative x-ray showing high scapulae, omovertebral bones and fusion defect of the cervical vertebrae



F10 2 0 months postoperative x ray showing lower position of the scapulae and no ovidence of recurrence of omovertobral boocs

corner of the mouth and right side of the face was noted. The patient stood with the shoulders markedly clevated with prominent vertebral borders of the scapulac, especially the superior vertebral angle. The superior border of the scapula was promicent and was fixed at an angla of 15 degrees with the horizontal There was a palpable hindge of cartilagenous or osseous tissue extruding from the vertebral border of the scapula at the base of the scapular spine to the spinous processes of the fifth and sixth cervical variebras. There was a palpable suggestion of a midlioe defect from the fourth cervical to the first dorsal vertebra. The scapular spine was promined, suggesting atrophy of the supra and infraspinatus muscle groups. Anteriorly the coracold processes were very promineot. The left shoulder was one inch higher than the right. The clavicles made an angle of 30 degrees with the bori The left There was no clinical ovidence of scollesis. Motion of the scapulae was almost absent and clova-

tion of the arms was possible to only 90 degrees.
\[ \rms \] rays revealed elevation of both scapulae with the superior angles at the level of the fifth cervical Bilateral omovertebral bones were presvertehm ont and there was a midline fusion defect from the fourth cervical to the second dorsal vertebrac

Extensive release of the scapulae was considered but decided against because there was no certainty that the result would warrant the risk involved. It was felt that subperiosteal resection of both omovertobral bones would yield increased mobility of the arms

On January 28 1943, under general anesthesia, the omovertebral bones were exposed and removed subperiosteally These structures showed osseous umon to the tip of the fifth carvical vertehrs on the right and the fifth and sixth on the left, and cartilagenous omen to the scapulac. The left bone measured 5 by 1.5 by 1.0 cm, of which 3.5 cm of its length was bony

The right was 4.5 by 1.5 by 10 cm, of which 3.5 cm of its length was bony

Follows and 20 cm, of its total length was bony

Follows lowing removal of these structures a markedly increased passive mobility of both scapulae was obtained. The postoperative course was uneventful

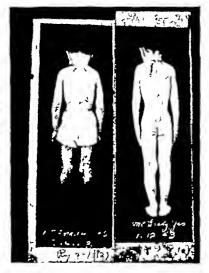


Fig 3 Right-preoperative, Left-postoperative,

and physical thempy in the form of gymnastics was instituted.

Ro-examination on September 15 1943, nine mooths after operation, revealed cootinued high position of the scapulae but with active elevation of the arms to 150 degrees. A-rays at this time showed no evidence of recurrence of booy growth in the beds of the previously removed booss.

Sixteen months postoperatively oo May 11, 1944. examination revealed maintenance of the range of elevation to 150 degrees. There is palpable sug gestion of recurrence of bony growth in the bed of the left emovertebral element.

This, then, is the presentation of a case of hilateral coogenital high scapuls with hilateral omovertebral bones which was treated by surgical removal of these structures yielding functional improvement to date and with some cosmetic benefit.

#### References

## Medical News

## Admiral Stephenson to Direct Cancer Study

REAR Admiral Charles S Stephenson, USN, retired, former director of the department of Hygicne and Preventive Medicine of the United States Naval Medical School, has been appointed acting managing director of the American Cancer Society to succeed Dr Clarence Cook Little Dr Little will direct studies of genetic factors of intelli-

gence and emotional variations in mammals under a Rockefeller Foundation grant

Some months ago Admiral Stephonson took over the direction of the Research Division of the Cancer Society, to which approximately one third of the funds gathered in the \$5,000,000 cancer drive were assigned

#### Dr Sabin Receives Trudeau Medal for Tuberculosis Work

THE Trudeau Medal of the National Tuberculosis Association was awarded to Dr Florence R Sabin, of Denver, anatemist, noted for her work on the pathology of tuberculosis and on the origin, nature, and activities of the white blood cells, at a meeting of the association's executive committee in the Hotel Pennsylvania on June 6

The award, given annually for "meritorious contribution to the cause, treatment, or prevention of tuberculosis," is the lighest honor in the field of tuberculosis. It was established in 1926 in memory of Dr Edward Livingston Trudeau, the associa-

tion's first president

Dr Sabin, a member of the association's committee on medical research, received the award for her extensive studies of the physiologic activities of the chemical fractions of the tuberclo bacillus

Election of Dr John Alexander, of Ann Arbor, Michigan as president-elect of the American Trudeau Society, medical section of the association, was also announced Dr Alexander, who is chief of the division of thoracic surgery, University of Michigan Hospital, will assume office in one

Dr Ezra Bridge, of Rochester, succeeded to the

1945 presidency on June 6

# New Itch Remedy Proving Satisfactory

A NEW 1tch remedy, called Circa 42, developed by scientists of the US Department of Agriculture's Research Administration, relieves skin irritations caused by bites or stings of insects, such as chiggers, mosquitoes, spiders, wasps, and others, or by fungous infections, poison ivy, and "unknown" Limited tests on persons in this country and in tropical areas have indicated Circa 42 to be a promising remedy for relief of itching skin for all but a few of those n ho have tried it

This remedy can be prepared by any druggist who has the ingredients, from the formula de-

veloped by Dr J Franklin Yeager and Charles & Wilson, entomologists at Agriculture's Researc Center at Beltsville, Maryland. Circa 42 is doughy, nongreasy, cake-like material, which i applied by hand in a thick layer over the itchin regions, but not rubbed in It is made of fiv materials, two of which produce a local skin ance thesia, without harm to the skin

The formula for Circa 42 is as follows—n-butyl

The formula for Circa 42 is as follows p-aminobenzoate, 100 Gm, benzyl alcohol, 170 ec anhydrous Ianolin (melted), 20 ec, eornstarch, 64

Gm, sodium lauryl sulfonate, 64 Gm

# Wartime Graduate Medical Meetings Held in New York

FOUR Wartime Graduate Medical Meetings, under the auspices of the American Medical Association, the American College of Surgeons, and the American College of Physicians, have been held Dr O R. Jones is chairman for the New York region, and on his committee are Drs Norman Jolliffe and H W Cave

On May 18 in Grand Central Palace Dr Nathan

Rosenthal spoke on "Deleterious Effects of Drug on the Hemopoeitic System," on May 25 in the same place Dr H D Kruse delivered a lecture en titled "Deficiency States and Their Recognition" On June 4, at Mitchell Field, Dr David P Bar discussed "Treatment of Thyrotoxicosis" and Dr Henry E Meleney talked on "Diagnosis and Treatment of Malaria"

#### County News

#### Albany County

Capt A J Vinci, of Cohoes, serving with a medical detachment of the Army in Germany, has been awarded the Bronze Star "for meritorious achievement," according to word received on May 7

The citation accompanying the award says the physician's "initiative and courage in braving mined and booby-trapped paths to establish an alternate route to evacuate casualties were directly responsible for saving the lives of many wounded men".
This action took place on February 27 and 28 \*

\* Asterisk indicates that item comes from a local news-

A special meeting of the county society was lick on June 6, at 8 30 P M, at the Albany College o Pharmacy Harry E Northam, executive secretary of the Association of American Physicians and Surgeons, of Gary, Indiana, was the speaker

#### Bronx County

The regular meeting of the county society was held at the Concourse Plaza Hotel on May 16 at 8 30 PM The scientific program consisted of a lecture by Dr Frank H Lahey, of the Lahey Clinic, in Boston, entitled "Lesions of the Stomach—Duodenum and Jejunum," followed by discussion by Drs Benjamin Sherman and Sarmal Weishouf by Drs Benjamin Sherwin and Samuel Weiskopf

[Continued on page 1466]



A distinguished user of the

RCA Blectron Microscope

THE ROCKEFELLER FOUNDATION

 Forty three per cent of total disbursoments appropriated by this great institution in 1914 were for the conservation of public health and the advancement of science

The accompanying illustration, from "The Rockefeller Foundation Review for 1944," shows an RCA Electron Microscope "used for typhus studies in the Laboratories of the International Health Division."

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# RADIO CORPORATION OF AMERICA

RCA VICTOR DIVISION CAMDEN N. J

#### [Continued from page 1464]

#### Columbia County

Dr L W Gorham, professor of medicine, Albany Medical College, was guest speaker on May 8 at the semiannual meeting of the Columbia County Medical Society held at the Columbia Golf and Country Dr Gorham spoke of the use of pemcilin for generalized infections, infections of the nervous system, and for pneumonia

A business meeting, at which Dr J W Mambert presided, and a dinner preceded the program, which also included a sound film on nutritional deficiencies Capt Roger Bliss, home on leave, told of his ex-

perionces on Leyte and Luzon

#### **Dutchess County**

Dr Robert H Breed won a kickers' handicap tournament of the Dutchess County Medical Society on the golf course of the Hudson River State Hospital on May 9 The medical staff of the hospital was host to the society members at the golf match and a barbecue, which preceded a regular business meeting of the society

Dr Donald Malven presided at the meeting which was featured by a scientific discussion on "Cancer of the Breast" The session was led by Dr Julian Herrmann, of Memorial Hospital, New York City \*

#### Kings County

Seven Catholie laymen designated for knighthood in the Order of St Gregory by Pope Pius XII were invested on May 6 by Bishop Thomas E Molloy, of the Brooklyn Diocese The ceremony was witnessed by five-hundred persons at the Church of St Francis Xavier

The new knights, named for their services to their faith and charitable work in the diocese, include two jurists, two physicians, an editor, an engineer, and a

former shipping executive
Physicians honored were  $\mathbf{Dr}$ Thomas M Brennan, assistant clinical professor of surgery at Long Island College of Medicine, a member of the board of trustees of the Medical Society of the State of New York, and president of the medical board of St Mary's Hospital, and Dr Thomas A. McGold-rick, director of medicine at St Anthony's Hospital and from 1943 to 1944 president of the Medical Society of the State of New York \*

The joint medical staffs of Kings County and Calcdonian hospitals gave a dinner on May 12 to Dr Joseph Tenopyr, president of the Kings County Medical Society, the Kings County Medical Board, and the Medical Board of the Caledonian Hospital

The dinner, a benefit for overseas members of the Kings County medical umt, was attended by five hundred who paid tribute to Dr Tenopyr's long service in county medical circles The event was at

the Towers Hotel.

Maj Gen Charles R. Reynolds, former surgeongeneral of the army, represented the American College of Surgeons and Dr Robert F Barber, of the Long Island College of Medicine and the Long Island College Division of Kings County Hospital, was toastmaster Edward M Bernecker, Commissioner of Hospitals for the City of New York, was principal speaker

Other speakers were the Rev Dr Alfred Grant Walton, of the Flatbush Congregational Church, who offered the invocation, Donald G C Sinclar, president of Caledonian Hospital, and Dr Charles

A Gordon, head of the local chapter of the American The chairman was Dr John College of Surgeons Brinkman \*

For remaining at his post after being wounded, Capt Shepard G Aronson, a Brooklyn doctor, has

been awarded the Bronze Star Medal.

The 32-year-old doctor received an eye injury while directing officers and enlisted personnel in an operating room on one of the Philippine Islands last While shells struck the front of the building and flying glass, plaster, and shell fragments caused casualties in the operating room, the doctor, who was told by his commanding officer that he could leave, continued his work

"He had about ten The citation read in part hours rest during the five-day period Through his tireless, skillful, and creditable behavior, not only lives and limbs were saved, but hundreds of people were influenced into a spirit of order at a time and

place threatened by chaos"

Captain Aronson has received the Purple Heart He enlisted in the medical corps three years ago and was sent overseas in December, 1943

#### Monroe County

John R Murlin, Ph D, professor of physiology and director of the department of vital economics, University of Rochester School of Medicine and Dentistry, Rochester, retired on July 1 Dr Edwin Fauver retired at the same time as head of the physical education department and college The men have been connected with the Rochester faculty for twenty-eight and twenty-mine years, respectively

#### Nassau County

The annual meeting of the county society was held on May 22 at 9 00 PM in Mercy Hospital Auditorium, Rockville Centre The scientific session consisted of movies entitled "The Invasion of Normandy" and "The Battle of Marianas," presented through the Public Relations Office of the United States Navy

#### New York County

More than seven thousand physicians have visited the Drug Exhibit of the New York Academy of Medicine, which was inaugurated on October 9 of last year. The exhibit was dismantled in June and a new exhibit will be opened in October, 1945

The drug exhibit represents an innovation in the educational services of the Academy and it has definitely proved its worth and usefulness objectives of the exhibit, to permit the medical practitioner to familiarize himself with the newer drugs, their appearance, the forms in which they are available, their methods of administration, their dosages dangers, contraindications, etc., have been well realized. The exhibit is primarily educational, and not promotional.

The first drug exhibit was restricted to items bearing on the treatment of infections. The new exhibit, to be opened on October 1, will be unrestricted and will include a variety of significant and new

therapeutic agents

Participation in the exhibit is limited to those organizations invited by the Task Committee, of which Dr Theodore G Klumpp is chairman 'The Academy Committee on Drug Exhibits passes on



Zymenol provides a twofold natural approach to the two basic problems of Common Diarrhea,

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Write For FREE Clinical Size

\*/ymenoL contains Pure Aqueous Breners Yeast (no live cells)

[Continued from page 1466]

all items submitted. Thirty-eight pharmaceutical organizations participated in the first exhibit

The New York Heart Association, Inc., which was organized in 1915 to advance the knowledge of heart disease and improve the treatment of cardiac patients, has opened new offices at the New York Academy of Medicine, it was announced on May 31 The organization formerly had offices at the New York Tuberculosis and Health Association, 386 Fourth Avenue

A campaign is being conducted to raise \$150,000 to increase the association's field staff and pay for several other projects which had been held up for lack of funds Dr Harold E B Pardee, chairman, said that about three-fourths of the sum already has been received \*

#### Niagara County

The Niagara Falls Exchange Club will conduct a campaign for funds to establish a permanent cancer clinic in the city, it was announced on May 4 by Howard J Dorrenbacher, an officer of the club Plans for the establishment of the clinic were discussed at a meeting of the club on May 3 Mr Dorrenbacher was elected treasurer of the fund campaign He said the club will work in association with the Niagara County Medical Society \*

#### Oneida County

The Oneida County and Mohawk Valley Chapter of the New York State Society of Professional Engineers benefited on May 14 from a discussion of organization and operation of the Medical Society of the State of New York given by Dr William Hale, vice-speaker of the House of Delegates of the latter group

Dr Hale said that doctors and engineers have many common interests. One outstanding incident mentioned was that Dr William Gorgas, an American Army surgeon, eliminated yellow fever in the Panama Canal Zone in two years so that engineers could continue construction of the canal \*

## Onondaga County

Rheumatic fever is the leading cause of death between the ages of 5 and 20, Dr Ann Kuttner, of the Imogene Bassett Memorial Hospital, Cooperstown, told women of the Syracuse University College of Medicine on May 18

Dr Kuttner, for seven years head of Irvington House, at Irvington, which deals solely with rheumatic-fever cases, reviewed the problems of diagnosis and treatment of the disease, and stressed the importance of research on the subject

She said knowledge of the disease is incomplete, that early diagnosis is difficult and manifestations often obscure

Greater facilities for research and treatment were urged by Dr Kuttner, with emphasis on the necessity for means of furnishing the prolonged treatment needed for cure

needed for cure
Dr J G Fred Hiss spoke briefly of the work done
in treatment of rheumatic fever at the Weiting
Johnson Hospital for Children at the Elmcrest
Children's Center \*

#### Orange County

Dr Harry L Chant, head of the Middletown office of the State Department of Health, on May 16

revealed the completion of a local advisory committee and a subcommittee on professional relationships for the fluorine demonstration being conducted in Newburgh by the State Department of Health

The committee as a whole includes nine representatives of various nonofficial organizations in Newburgh, a subcommittee on professional relationships including seven officials and professional representatives, and an ex officio group comprising three members of the State Department of Health \*

#### Queens County

Dr Samuel Jenkins, of Corona, former president of the Queens Clinical Society, addressed Flushing district members of the Queensboro Tuberculosis and Health Association's advisory committee on Negro health in Ebenezer Baptist Church on May 11

The stated meeting of the county society was held jointly with the Queens County Bar Association on May 22 in the Forest Hills Inn Dr Harrison S Martland, Chief Medical Examiner of Essex County, New Jersey, and professor of forensic medicine at New York University College of Medicine, spoke on "Medical Investigation of Violent, Sudden, and Suspicious Death" Lloyd Paul Stryker, Esq, spoke on "Courts and Doctors"

#### Rensselaer County

Maj John J Curtis, of the Lovell General Hospital, Fort Devens, Massachusetts, was the principal speaker on May 8 at the monthly dinner meeting of the Rensselaer County Medical Society at the Troy Club Major Curtis illustrated his talk on mandibular fractures and oral surgery with projection slides

The society approved a resolution accepting the Blue Point plan for medical insurance for its organization Dr John F Connor, of Troy, presided

#### Richmond County

Dr Theodore J Talbot, recently retired f two years' service in the Army, has announ opening of an office for the practice of medicin Grant City

Former acting chief of cardiology in Bruns C eral Hospital, an Army institution, Santa Fe, I Mexico, with the rank of captain, Dr Talbot ser a two-year residency in Sea View Hospital, in R mond, prior to his entering service

A graduate of the University of Lyon, France, interned at City Hospital, Manhattan, and Loville General Hospital, Louisville, Kentucky \*

#### Rockland County

Dr A. A. Savastano, who is leaving Haverstr to open an office for the practice of orthopedic s gery in Providence, Rhode Island, was feted on M 15 at the Villa Lafayette, Spring Valley, with testimonial dinner by his fellow doctors of the me cal staff of Good Samaritan Hospital, Suffern \*

# Tompkins County

Members of the medical staff of Cornell Unversity were in charge of the Tompkins Coun Medical Society's meeting in Moore Hall at Corn on May 15

Dr H B Wightman spoke on "Four Year

[Continued on page 14701

#### Officers—County Medical Societies—1945

#### TOTAL MEMBERSHIP AS OF JUNE 15, 1945-19,243

County	Prendent	Secretary	Treasurer
Albany	A. J Wallingford Albany	H L Nelms Albany	F E. Vosburgh Alban
Allegany	J F Glosser Wellsville	E. B Perry Belfasi	D Grey Bellas
Bronx	Moses H. Krakow Bronx	G B Gilmore Bronx	J A. Landy Bron
Broome		J C Zillhardt Binghamton	L. J. Flanagan Blughamton
Catteraugus	M G Sheldon Olean	W.R. Ames Olean	W R. Ames Olean
Cayuga Chautauqua	C. E. Goodwin Weedsport R. M. Bruckhelmer Cassadaga	L. W Sincerbeaux Auburr	L H Rothschild Auburn C E. Hallenbeck Dunkiri
Chemung	W T Boland Elmira	E. D Smith Elmim	
Chenango		J H. Stewart Norwich	M F Butler Elmin J H Stewart Norwick
Clinton	W H Ladue Plattsburg	T A. Rogers Platisburg	T A. Rogers Platteburg
Columbia	J W Mambert Hudson	L. J. Estiv Hindson	L.J. Early Hudson
Cortland	R. P Carpenter Cortland	W A Wall Cortland	F F Sornberger Cortland
Delaware	D R. Corke Hobart	F R. Bates Walton	F R. Bates Walter
Dutchess Erio	D A. Malven Poughkeepsle A. H Agron Buffalo	A A Rosenberg Poughkeepsie	A A. Rosenberg Poughkeeptie
Essex		L. W Beamis Buffale	R. L. Scott Buffald
Franklin		J E. Glavin Port Henry D II Van Dyke Malone	J E. Glavin Port Henry D H Van Dyke Malone
Fulton	M Kennedy Gloversvillo	L. Tremante Gloversville	D H Van Dyke Malone A. H. Sarno Johnstown
Genesee	P P Welsh Leroy	P. J. D. Natale Retards	P J Di Natale Batavis
Greene	E. G. Mulbury Windham	W M Rapp Catabill	M H. Atkinson Catakill
Herkimer	B J Kelly Frankfort	F C Sabin Little Falls	A. L. Fagan Herkimer
Jefferson	H. G. Farmer Watertown	C A. Prudhon Watertown	
Kings Lewis	J Tenopyr Brooklyn	B M Bernstein Brooklyn	I E. Siris Brooklyn
Livingston	H. E. Chapin Lowville H. J Schneckenburger Nunda	J F Rudmin Port Leyden	J F Rudmin Port Loyden F J Hamilton Hemlock
Madison	F Ottaviano Oncida	I S Proston Comick	F J Hamilton Hemlock G S. Pixley Canastota
Mouroe	8 8. Bullen Rochester	L & Preston Openda C B Lakeman Rochester	G S. Pixley Canastota
Montgomery	J A. Diekson Amsterdam	S. Partika Amsterdam	J L Norris Rochester M. T Woodhead Amsterdam
Nassau	A. B Johnson Far Rocksway	E. K. Horton Rockville Centre	E. K. Horton Rockville Centre
New York	Kirby Dwight New York	B W Hamilton New York	M. T. Woodhead Amsterdam E. K. Horton Rockville Centre F. Beekman New York G. C. Stoll Niagara Falls
Niagara Omelde	AL TO DIRECTIONS TAINED TO LETTE	C M Brent Niagara Falls	U U Stoll Niagara Falls
Oneida Onondaga	A. F. Gaffney Oriskany Falis P. K. Mensies Syracuse		H D MacFarland Utica
Ontario	J W Karr Clifton Springs	T N Marty Syracuse D A Election Charterille	I L Ershler Syracuse D A. Eiseline Shortsville
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		Lenn 14n	R. F Lewis Penn Yan

#### [Continued from page 1468]

Experience with Acute Appendicitis at Cornell," and Dr C D Darling discussed "The Veteran in the Community and the Medical Aspects "\*

#### Ulster County

Dr Frederic W Holcomb, of Kingston, has been selected by the Kingston Lions Club for its second annual award for mentorious achievement first award of the club was made last year to another former Greene County boy, Maj Gen Frederick L

Dr Holcomb, who settled in Kingston in 1919. has been very active in the medical, social, and civic life of the city, and since 1931 has been superintendent of the Ulster County Tuberculous Hospital The club honored Dr Holcomb with a dinner at the Governor Clinton Hotel on May 15 \*

#### Washington County

The quarterly meeting of the county society was held on April 10, at 8 30 pm, at Mary McClellan Hospital, Cambridge The scientific program consisted of two lectures "Diagnosis and Treatment of Disabilities of the Hip," by Dr. William E. Gazeley, orthopedic surgeon, Ellis Hospital and Eastern New York Orthopedic Hospital, Schenectady, and "Clinical Experiences with Penicillin at the Mary McClellan Hospital," by Dr. Robert J. Morin and

#### Westchester County

"Health Needs and Services in Westchester" was the subject of the afternoon session of the countywide health conference held on May 21 at 2 00 P M. in White Plains, under the auspices of the West-chester County Council of Social Agencies Edward Hochhauser, of Hartsdale, chairman of the Council's Health Division, announced that a panel of specialists spoke briefly about the services the county has available, and Dr Reginald Higgons, of Port Chester, gave a summary to open the discussion.

The program was as follows
Public Health—Dr William A Holla, of White
Plains, commissioner, Westchester County Depart-

ment of Health

Medical Care—Dr Laurance D Redway, of Ossining, president of the Medical Society of the County of Westehester

Hospitals—Alhert J O'Brien, superintendent of Lawrence Hospital and president, Westchester County Hospital Association

Nursing-Mrs Dorothy Beals, of Tuckahoe, vicepresident, District 16 of the New York State Nurses

Association

Industrial Health-Dr Eugeno W Bogardus, of Pleasantville, from the staff of Reader's Digest

Mental Hygiene Association of Westchester County-Miss Constance Warren, of Yonkers, president of the association

Westchester Cancer Committee-Dr George C Adıc, of New Rochelle, cocharman of the committee
Westchester Infantile Paralysis Chapter—Dr

Win H Watters, of Scarsdale, chairman of the Medi-

eal Advisory Board of the Chapter
Westchester Tuberculosis and Public Health
Association—Dr William G Childress, of Valhalla,
director, Division of Tuberculosis, Grasslands Hospital

Summary of Services and of Needs-Dr Reginald

A Higgons, of Port Chester

The theme for the evening was "What of the Future?" This was a dinner meeting held at 6 30 PM in the Roger Smith Hotel, White Plains Dr Leona Baumgartner, of New York City, Director of the Division of Child Hygiene of the New York City Department of Health, spoke on child health She was followed by Dr Wilson G Smille, of Pelham, director of the School of Public Health of Cornell University Medical College, who spoke on the future of public health C Parker Lattin, of Yonkers, chairman of the County Council, presided \*

Maj Nicholas R Locascio, a former Yonkors and New York City physician and psychiatrist, has been transferred from Pinc Camp to the neuropsychia-tric department at Stark General Hospital, Charleston, South Carolina At Pine Camp he had served as post surgeon and commanding officer of the Station Hospital since August 22, 1944

Dr Frank A M Bryant, who retired from medical practice March 17, left on April 9 for Los Angeles,

California, where he will take up residence Dr Bryant came to Mount Vernon in 1909, and has continued in the medical profession there since

that time \*

# Necrology

Bruce Elwyn Beeman, M D, of Lancaster, died on April 24 at the age of 34 Dr Beeman received his medical degree in 1934 from the University of Buffalo School of Medicine He was a member of the Eric County Medical Society, the State medical society, and the American Medical Association

Frederick G Carl, M D, of Buffalo, died on May 7, at the age of 54 Hc was graduated from the University of Buffalo School of Medicine in 1923, and at the time of his death was on the courtesy medical staff of the Millard Fillmore Hospital in Buffalo Dr Carl was a member of the Buffalo Academy of Medicine, the Eric County and State medical societies, and the American Medical Asso-

Martin Henry Dawson, M D, of New York City, died on April 27 at the age of 49 A graduate of McGill University Medical College in 1923, Dr Dawson was assistant attending physician at the Presbyterian Hospital, visiting physician at the Vanderbilt Clinic, clinical director, Research Division for Chronic Diseases, the Department of Hospitals of pitals, New York City, and associate professor of medicine at the College of Physicians and Surgeons, Columbia University He was a diplomate of the American Board of Internal Medicine, and a member of the American Society of Immunology, the American can Societies of Experimental Pathology and Bacteriology, the American Society of Clinical Investiga-

[Continued on page 1472]

#### INDEX TO ADVERTISED PRODUCTS 1331 Aminet (Buschoff) 1391 Amodrino (Scarlo) Bactraty ein (Wallace Labs ) 1400 1385 Belbarb (Haskell) 1390 Benzestrol (Schleffelln) 3rd cover Calmitol (Thomas Leeming) Cavolysin (Cavendish Pharmaceutical) 1382 1388 Chnitest (Ames Company) Concetron (Wyeth Inc.) Cot-Tar (Donk Company) 1414 1477 Desenex (Wallace & Tiernan) 1398 Devegan (Winthrop Chemical Co ) Dextri-Maltose (Mead Johnson & Co ) 1403 4th cover Digitalis (Davies Rose & Co) 1401 Elixir Bromaurato (Gold Pharmacal Co.) 1483 Enzo-Cal (Crookes Labs.) 1411 Epinephrino II3 drochlondo (Cheplin Labs ) 1383 1392-1393 Ertron (Nutrition Research) Estinyl (Schoring Corp ) 1379 1384 Ether in-Oil (Brewer) 1390 Fucupin (Rare Chemicals) Galatest (Denver Chemical) 1471 1378 Gastron (Fairchild Bros & Fostor) Gelusi (W R. Warner) 1307 1409 Heptuna (J B Roorig) 1390 Intestinol (Cavendish Pharmaccutical) 1411 Iodine (Iodine Educational Inst.) 1413 Licuron-B (Lakeside Labs.) Maltine with Vitamin Concentrate (Maltine) 1370 Most (American Mest Inst.) 1389 Motrazol (Bilhuber-Knoll) 1386 Nitranitol (Morrell Co.) 2nd cover Otosmosan (Doho) 1477 Peniellin (Schooley) Pitoein (Parke Davis) 1337 1394-1395 Pitrosein (Parko Davis) 1391-1395 Pltuitrin (Parke Davis) 1394-1395 Sulfasuxidino (Sharp & Dohme) Sulfathiazolo Gum (White Labs ) Super Seal Vitamins (Drug Products) 1402 1406-1407 1480 Tabloid Yeast Concentrate (Burroughs Well 1390 come) Tarbonis (Tarbonis) 1412 U D Starzin (United Drug Co) 1404 Vacodrip (American Hospital Supply) 1410 Vitamin B Soluble (Myron L, Walker) 1473 Vi Penta (Hoffman La Roche) 1405 Zymenol (Glidden) 1487 Dictary Foods Biolac (Bordon) 1875 Medical and Surgical Supplies Hearing Aides (Dr Halsted) 1483

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WEITS FOR DESCRIPTIVE LITERATURE



#### [Continued from page 1470]

tion, the New York Academy of Medicine, the New York County Medical Society, the State medical society, and the American Medical Association

Ellen B Foot, M D, chief of the department of anesthesiology at the New York Hospital and assistant professor of anesthesiology at the Cornell University Medical College, died on May 11 at the New York Hospital She was 32 years old and hved in New Rochelle Dr Foot was graduated from Smith College in 1934, and in 1938 from Cornell University Medical College, where she won scholarship prizes in medicine and obstetrics terned at the New York Hospital and the Massachusetts General Hospital, and was formerly resident anesthetist at the Presbyterian Hospital She was a member of the Westchester County and State medical societies, and of the American Medical Associa-

Hovhaness Manook Hadidian, M D, of Troy, and a member of the staff of Samaritan Hospital of that city, died on May 19 at the age of 67 after a short illness A native of Armenia, he served as a medical director for Near East relief from 1920 to 1923 Dr Hadidian was a member of the Rensselner County and State medical societies and of the

American Medical Association

William Worthington Herrick, M.D., of New York City, president of the New York Academy of Medicine and specialist in internal medicine, died suddenly on June 1 at the age of 66 of coronary disease Dr Herrick was professor of clinical medicine at the College of Physicians and Surgeons, Columbia University, and attending physician at the Preshyterian and Sloane hospitals Born in Sherman, Connecticut, he received his medical degree from Yale University in 1905 He interned at St Luke's Hospital in New York City until 1908, and later entered private practice In 1917 he was commissioned a major in the United States Army Medical Corps, serving until 1919 as chief of service and medical consultant at the base hospital at Corps. medical consultant at the hase hospital at Camp Jackson, South Carolina He was a member of the New York County and State medical societies and the American Medical Association, and was a diplomate of the American Board of Internal Medicine and a fellow of the American College of Physicians

and a fellow of the American College of Physicians
John Edward Jennings, M D, of Brooklyn, died
on May 25 at the Brooklyn Hospital He was 69
years old One of the founders of the American
College of Surgeons, Dr Jennings was born in Belleville, New Jeesey, and was graduated from the
College of Physicians and Surgeons, Columbia University, in 1899 He interned at Brooklyn Hospital
and during his medical career had been clust surgeon and during his medical career had been cluef surgeon of Brooklyn, St John's, St Peter's, Beth-El, Greenpoint, and Cumberland hospitals in Brooklyn, and consulting surgeon at the Brooklyn Cancer Institute, the Norwegian Hospital, and the Caledonian Hospital He was a diplomate of the American Board of pital He was a diplomate of the American Board of Surgery, first president of the Brooklyn chapter of the American College of Surgeons, a former president of the Medical Society of the County of Kings, and a fellow of the American College of Surgeons, the New York and Brooklyn surgical societies, New York Gastrocnterological Society, the Brooklyn Thoracic He was a member of the Kings County and State medical societies and the American Medical He was also first vice-president of the American Academy of Medicine

Oscar Kenneth Lang, M D, of New York City, died on March 10 at the age of 64 He received his medical degree from the University of Toronto in

1906, and was consulting dermatologist at the

Lawrence Hospital in Bronxville

George Emerson Learn, M D, of Hamburg, and former health officer of that town, died on May 28 at the age of 78 Born in Welland, Ontario, he taught in the schools there, and served as principal of Stevensville, Ontario, schools before entering the University of Buffalo, where he received his medical degree in 1904 He was a member of the Eric County and State medical societies and the American

Medical Association
Frank J Lennon, M D, of Buffalo, died on April
24 at the age of 58 Dr Lennon was graduated from the University and Bellevue Medical College in He was an associate in traumatic surgery at Millard Fillmore Hospital in Buffalo, a member of the Buffalo Academy of Medicine, the Eric County and State medical societies, and the American Medi-

Harry Lazarus Levant, M D, of New York City, died on May 12 at the age of 62 A graduate of the College of Physicians and Surgeons, Columbia University, he was assistant in physical therapy for many years at the Beth Israel Hospital He was a memher of the New York County and State medical

societies and of the American Medical Association
Albert Sidney Maddox, M D, of New York City,
died on March 3 at the age of 79 Dr Maddox received his medical degree from Bellevue Medical
College 1990 H. College in 1890 He was a member of the New York County and State medical societies, and of the

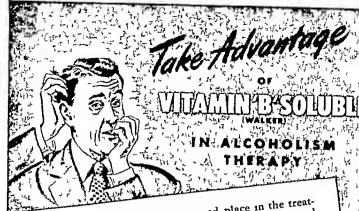
American Medical Association

Francis Gerald McCarty, M D, of Niagara Falls, died on May 7 of coronary thrombosis. He was 42 years old Dr McCarty got his medical degree from Loyola College in Chicago in 1930 He served internships at St Bernard's Hospital and Cook County Hospital in Chicago He was a reserve officer in the 28th U.S. Infantry at the outbreak of the war, and was stationed at Fort Dix, New Jersey, until he received a medical discharge. He was a member of the staff of Mt. St. Mary's Hospital and Niagara Falls Memorial Hospital, and was on the courtesy staff of the Sisters of Charity Hospital in Production of Charity Hospital in Buffalo He held membership in the medici societies of Niagara County and New York Stat and in the American Medical Association

Harold Denman Meeker, MD, of New Yor City, died on May 26 at the age of 69 He wa graduated in 1898 from Wesleyan University, which later awarded has a house of Master of Master of later awarded him an honorary degree of Master o Science, and received his medical degree from the College of Physicians and Surgeons, Columbia Uni versity, in 1902 He then served as an intern in the City Hospital Dr Meeker was a consulting sur geon at the Polyclinic Hospital and a former profes sor of surgery at the Polyclime Medical School the time of his death he was a member of the medica board of the Doctors Hospital and a consultant to the Broad Street, Somerset, and St Clare's lospitals. He was a member of the New York County and State medical societies, the American Medical Association, and the New York Academy of Medical cine, and was a fellow of the American College of

Robert Offenbach, M D, of New York City, died on Fehruary 8 at Atlantic City He was 86 years He received his medical degree from New York University in 1879, and interned at Mt Sinai Hospital. He was a member of the Academy of Medi-

Joseph Oppenheumer, M D, of New York City



Vitamin B holds a well recognized place in the treatment of alcoholism Alcoholic polyneuropathy is said by Jolluffe<sup>1</sup> to be unquestionably due to vitamin B<sub>1</sub> deficiency Romano<sup>2</sup> states that both vitamins B<sub>1</sub> and B<sub>2</sub> have definite value in this condition It is also believed that the addition of nicotinamide hastens recovery of the patient. (Spies, Sydenstricker, Jolliffe)

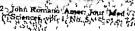
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[Continued from page 1472]

died on September 14, 1944, at the age of 68 received his medical degree from the University of Wurzburg in 1901, and was on the staff of the Sydenham Hospital He was a member of the Medical Society of the State of New York and the American Medical Association

Carlin Philips, M D, of New York City, died on February 8 at the age of 74 Dr Philips was graduated from the University of Michigan in 1897, and was formerly adjunct visiting physician at the Fourth Division, Bellevue Hospital He was a member of the New York Academy of Medicine

Emery C Pixley, M D, of Canisteo, died on April Dr Pivley received his medical degree from the

University of Buffalo School of Medicine in 1891
Fritz Rubinstein, M D, of the Bronx, died on
December 6, 1944, at the age of 48

Dr Ruhinstein was graduated from the University of Berlin in 1924, and was former associate surgeon at St Joseph's

Hospital in the Bronx

Ord Ledyard Sands, M D, of Binghamton, and formerly of New York City, died on January 23 He was 73 years old Dr Sands was graduated from Bellevue Medical College in 1911, and before going to Binghamton was assistant physical therapist at the Vanderbilt Clinic He was a member of the American Congress of Physical Therapists, the Medical Society of the State of New York, and the American Medical Association

Herman Schwarz, MD, pediatrician, of New York City, died on May 19 of a heart attack at his summer home in Bedford Village He was 68 years

old

Dr Schwarz was graduated from the College of Physicians and Surgeons, Columbia University, in 1898, and did postgraduate work at the University of Berlin At the time of his death he was a consulting pediatrician at Mt Sinai Hospital, president of the medical board and head of the department of pediatrics at Beth Israel Hospital, and clinical professor of pediatrics at Columbia University, College of Physicians and Surgeons He was a licentiate of the American Board of Pediatrics, a member of the Academy of Medicine, the Medical Society of the State of New York, and the American Medical Association

Charles J Search, M.D., of Brooklyn, died on June 5 at the age of 81 An x-ray specialist, Dr Search was a consultant for St Giles and St John's hospitals in Brooklyn He was a graduate of the University of Wooster, class of 1892, and a member

of the Kings County and State medical societies and the American Medical Association

Arthur E Smith, M D, of Cohoes, died on May 14 in that city, where he had been a practicing physician for 53 years He was 83 years old He received his medical degree from the University of Vermont in 1891, and shortly thereafter began his practice in He was a veteran of World War I, having served as a captain with the medical corps

Henry G Storner, M D, of Olean, died on May 15 after a brief illness He was 46 years old graduated from the University of Buffalo School of Medicine in 1923, and interned at the Sisters and Deaconess hospitals in Buffalo He began the practice of medicine in Andover and in 1927 moved to He was a member of the Cattaraugus Coun-Olean ty Medical Society, the Medical Society of the State of New York, and the American Medical Association, and was on the staffs of the Olean General and St Francis hospitals

Willis Carver Templer, M D, of Corning, died on May 12 at the Clifton Springs Sanitarium director of the Corning Glass Works, he was also a surgeon at the Corning Hospital, and a consultant in industrial hygiene at Strong Memorial Hospital, in He received his medical degree in 1920 from the University of Buffalo School of Medicine, and was a member of the Steuben County and State medical societies and the American Medical Associa-

on He was 48 years old Joseph Abbott Thissell, M D, of Tupper Lake, died on May 13 of arteriosclerosis and terminal pneumonia at the age of 86 Dr Thissell was graduated from Harvard Medical School in 1885 He practiced in Boston, Beverly, Massachusetts, his birthplace, and New York City, before going to Tupper Lake fifty-seven years ago. He was a member of the Medical Society of the State of New York and the American Medical Association

Robert Taylor Wheeler, M D, of Brooklyn, died at the ago of 76 on June 6 following a cerebral hemorrhage which he had suffered two weeks previously Dr Wheeler retired last November after fifty-two years of practice in Brooklyn He was formerly on the staff of Bethany Denconess Hospital and consulting physician at Peck Memorial Hospital in Brooklyn Born in Jersey City, he was graduated from Yale University in 1888, and in 1892 received his medical degree from the College of Physicians and Surgeons, Columbia University He was a member of the Kings County and State medical societies, and the American Medical Association

# ACADEMY OF MEDICINE HELD CLINICAL RESEARCH MEETING

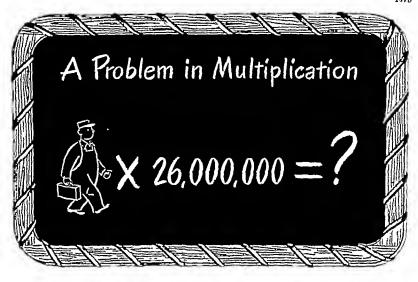
The New York Academy of Medicine held a meeting Wednesday evening, May 16, to provide a forum in which research workers of New York City and vicinity may present results of original research in clinical medicine

This meeting was arranged by the Committee on Medical Education of the Academy in view of the dearth of meetings of national medical societies before which research work has usually been presented

Presentations were limited to twelve minutes A brief period of free discussion followed each presentation

The subsequent publication of presentations was not a necessary condition but the Academy planned to publish in the Bulletin abstracts of presentations if the author so desired The fact that material has in substance or in part been presented elsewhere was not regarded as a bar to presentation, provided that the work represented recent research

The Committee extended an invitation to all research workers of Greater New York and neighboring cities within a radius of one hundred miles, to submit abstracts, not to exceed two hundred words in length, of proposed presentations, to the Secretary of the Committee on Medical Education of the Academy, 2 East 103 Street, New York City 29, not later than April 5, 1945 A formal invitation to participate in this program was then extended by the Committee to the authors of papers selected for presentation



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NEW YORK STATE JOURNAL OF MEDICINE

This is an official U S Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

# Hospital News

#### Seven New Hospital Ships to Speed Wounded Back

GROWING fleet of American hospital ships A will complete the joh of bringing home all transportable sick and wounded servicemen from Europe

within the next month.

Seven new ships to be added to the mercy fleet by midsummer will increase its numbers to forty and its carrying capacity from 20,000 patients to 30,500

As the Army's Atlantic Fleet completes its task of evacuating casualties, the twenty ships will be diverted to Pacific waters

The US A.HS Dogwood is already Pacific-bound, the OWI said, to be followed shortly by the St Olaf and in June by the St Mintel, the Chatcau Thierry, and the Stafford Eventually, all Army hospital ships will operate in the Pacific, where the Navy thus far has been carrying the major burden.

"The new ships—including five already com-missioned this spring—are both larger and faster than most of those already in operation, and consequently will be able to hring the wounded home, especially from Europe, at a greatly accelerated rate," the OWI stated

At a cost averaging \$4,000,000 each, most of the ships have been converted from luxury liners, German and Italian vessels, Liberty ships, and former troop transports At the time of Pearl Harbor, this country had only two hospital craft, the Navy's Relief and Solace

Some of the new additions to the fleet, although larger, will cost less than was spent on others for conversion, the OWI said Each of six new Navy ships commissioned or to be commissioned this year is about twice the size of the average city hospital and capable of earrying about 800 patients

These ships are the first to be completely air conditioned, to have all berths equipped with radio receivers, and to have special fireproof decking have a speed of seventeen and one-half knots, a 12,000-mile cruising radius, and equipment which the OWI described as "equal to that in the finest metropolitan hospital"

The vessels are the Tranquility, commissioned April 24, the Haven, May 5, the Benevolence, May 12, the Consolation, May 21, the Repose, and the

Sanctuary, commissioned June 18

Two of six new Army hospital ships scheduled for commissioning this spring have already gone into service and completed their maiden trips. They are the Aleda E Luiz, formerly the French liner Columbie, renamed for an Army Air Forces flight nurse killed when her plane was shot down over France. and the Ernestine Koranda, also named for an Army

The other four Army ships will be the Frances Y Slanger, formerly the Italian luxury liner Saturnia, destined to be the largest and fastest hospital ship in Allied service, with a capacity of 1,700 patients, the Republic, a former German liner, the Howard A McCurdy, formerly the President Tyler, and the Armin W Leuschner, formerly the Willard A Holbrook

The hospital fleet will be brought to full strength by addition of the four new ships for the Army and

three for the Navy

# Hospital Fund Issues Directory of New York Clinics

A "DIRECTORY of Hospital Clinics Serving New York City," believed to be the first reference hook of its kind, has just been published by the United Hospital Fund The 74-page directory covers in detail the services offered by outpatient de-partments of the ninety-three New York hospitals

which conduct clinics
The directory is "the result of many months of inquiry and preparation of information received from the outpatient departments of voluntary and municipal hospitals of New York City," Roy E Larsen, president of the United Hospital Fund, points out in the foreword It was "designed for daily use hy hospitals, welfare agencies, social workers, and others who have need to refer patients to clinics"

Copies of the directory have been distributed to the listed hospitals and to social agencies and others who helped in the preparation of the book. Others who would like to have a copy may secure one from the United Hospital Fund, 370 Lexington Avenue, for \$2 00 while the limited supply lasts, Mr Larsen Because of paper restrictions only 1,500 copies have been printed

The clinics are listed under the hospitals to which they belong, and are cross-indexed by clinic classification. In the hospital listings, information is given as to district houndaries, residence and financial requirements, and outpatient department policy Each clinic is listed separately with the days and hours when patients are received for classification and treatment, the fees for first and later visits, and a statement of any special administrative policy of the hospital which may be in effect for that particular clinic

Hundreds of clinics, under twenty-nine main subject headings, ranging from allergy to x-ray therapy, are classified in the new directory

## Improvements

With the observance of National Hospital Day on May 12 the Deaconess Hospital, in Buffalo, officially opened its new addition, which nearly doubles the capacity and provides the latest advances in hospital equipment and facilities The public is invited to inspect the building

Constructed at a cost of \$750,000 (partly financed by the Government under the Lanham Act), the new wing adds two-hundred beds and gives the hospital a total capacity of four hundred and fifty

New laboratory, surgical, nurse-training, and eating facilities bring the Deaconess to the forefront of hospital services

Covering an area of 1,940 square feet, the pathologic lahoratory occupies a large portion of the first Departmentalized into basal metabolism and electrocardiography, bacteriology and serology, blood bank, hematology, urnnalysis and chemistry, The Makers of Autalgan

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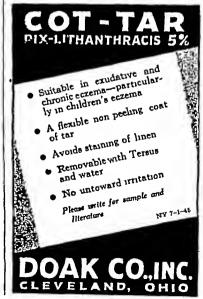
Montreal

#### TO THE PROSPECTIVE MEDICAL STUDENT

"Don't take up the study of medicine in the kepe of getting rich," is an oft repeated statement made to prospective students by their physician advisers. We suppose that by the term "rich" they mean a wealth measured in gold and earthly assets. However we do not know of any other profession of which a like statement could not be made "Riches depend on one shillity to spend less than one earns and having saved, to have the ability to invest those savings whely. Many a man became "rich" on the prograph of the programment o

which a like statement could not be made "RIGHES depend on one as hint; to spend less than one earns and having awed, to have the ability to invest those savings wisely. Many a man became "rich" on the poor start of digging ditches for a dollar a day. But in another meaning, you will become rich in the practice of the Healing Art, rich in Joys that are unmeasurable. No other profession on Joys such extreme confidence of their clients, experiences the joy of presenting a mother with her new born child, has the trust of the family with their vory life and death. The community in which you live looks up to you and your advice is sought on multitudinous subjects, many of which you may know nothing about. Your name is not "mister," it is "Doctor" to distinguish you from the other people. At least you are a small toad in the pond and, according to your ability, you may be a big one. Medicine is full of riches.

Socialized medicine or the new order may lessen your joys somewhat, but there are so many that there are bound to be some left. So long as you are not lary and behave yourself, you may never be rich, but in return you will nover sturve The world will always have a place for you — W B Harm, M.D., in Detroit Medical News, Feb. 12, 1945



[Continued from page 1476]

and tissue pathology, the laboratory is divided into

separate rooms for each of these fields

In them are three new research-type microscopes, a large blood bank, a new serologic water-bath, a photoelectric colorimeter, a spacious bacteriologic incubator, two largemicrotomes, several new centrifuges, a new basal metabolism and electrocardiograph machine, a new analytic balance, and additional drying and embedding ovens

The fixed equipment—working tables, cupboards, etc —is designed for convenience, efficiency, and

The enlarged laboratory and its effective organization will enable the hospital to handle an increased volume of laboratory work and to expand its research activity

In a suite of twelve modern, well-equipped rooms, grouped to facilitate the handling of patients, viewing of films, and consultation, the x-ray department also is located on the main floor A special feature is the use of barium as a compound in the doors and walls of all the rooms to prevent the rays from

The patients' rooms occupy the second and thir l floors of the wing, with medical and maternity cases on the second floor and surgical on the third rooms have terrazzo floors made with white cement instead of the customary gray, to provide a more home-like appearance \*

#### At the Helm

Dr Malcolm R. Blakeslee, of Shortsville, has quit his local practice to assume the post of assistant physician at the Brigham Hall Hospital, Canan-He began full-time duties there on July 1 \*

As a step toward eventual organization of a department of hospital administration in the University of Rochester School of Medicine and Dentistry, Dr Basil C MacLean, director of Strong Memorial Hospital, has been appointed professor of hospital administration, a newly created position Dr MacLean has been director of the Strong Memorial Hospital since 1935, returning to the position last September after an absence of more than a year while he served in Washington as a lieutenant colonel in the medical corps of the army, as consultant in the surgeon general's office Dr MacLean is also in charge of a ten-member commission appointed by Governor Dewey to draft a program providing medical care for the state's needy to make recommendations for action by the state legislature

I W J McClain, superintendent of St Luke's Home and Hospital, in Utica, for nearly twenty-six years, has resigned his position there, to become effective as soon as his successor is named

During the time he served as superintendent the number of patients treated annually there doubled, until today the institution is caring for 4,000

McClain was one of the pioneers in the formation of the Hospital Plan for Utica. He brought people from outside the city to meet with representatives of Utica hospitals and out of that meeting developed the decision to organize He was active in getting the program started and is now both a director and a member of the executive committee of the Hospital Plan.

Prior to coming to Utica he was head of the department of sciences in the Huntingdon, Pennsylvania, High School and then served as registrar in the departments of medicine, dentistry, and pharmacy in Temple University

In 1925 and again in 1934 he served as president

of the Utica Council of Social Agencies \*

Dr Louis I Dublin, second vice-president and statistician of the Metropolitan Life Insurance Company, has completed his assignment as full-time assistant to Basil O'Connor, Chairman of the American Red Cross, and as chairman of the organization's Administrative Committee, and has resumed his duties with the insurance company Dublin will continue to assist Mr O'Connor in the long-term policies and plans of the Red Cross and will be active in relation to the operation of the New York City Chapters

During his seven-month period of service, Dr Dublin, among his other administrative duties, helped to reorganize the recruitment of nurses for war service and to coordinate the needs of the interested governmental departments and bureaus which were concerned with nurse recruitment. He was also particularly active in a survey of the medical and health work of the American Red Cross and i the preparation of a plan for expanded healt

services in the postwar period

Dr Dublin's services were requested by Mi O'Connor last fall because of his internation reputation in public-health work At the time c his appointment, it was stipulated by the Metre politan that he would be on loan for a limited period Dr Dublin also served with the Red Cross durin the first World War as a member of commissions r Italy and in the Balkans

#### Newsy Notes

The tenth anniversary of the Associated Hospital Service of New York, the largest of the nation's eighty-four "Blue Cross Plans," was celebrated during the week of May 7-12 with the cooperation of hospital officials, members of the medical profession, and representatives of industrial organizations, and civic and social groups throughout Greater New York The two-millionth subscriber to the service was officially enrolled during the week

"Ten Years of Public Service" was the theme of

meetings held during the week throughout the are: in which the plan operates Officers, executives and friends of the organization recounted its achieve ments and the difficulties surmounted during it development and discussed the problems still to be faced

The celebration was launched with a testimonia meeting sponsored by the Greater New York Hoppital Association on May 7 at the Einhorn Audi torium of Lenox Hill Hospital. The speakers in cluded Dr Morris Hinenburg, president of the Greater New York Hospital Association, Louis H

[Continued on page 1480]

<sup>\*</sup> Asterisk indicates that item comes from a local newspaper

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# Appreciation.

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[Continued from page 1478]

Pink, president of the Associated Hospital Service of New York, Dr William B Rawls, chairman of the Coordinating Council of the five county medical societies of Greater New York, and Miss Fannie Hurst, the first person to become a subscriber to the organization \*

The Board of Estimate of New York City approved on May 24 a site for the proposed \$6,034,000 general hospital to be constructed as a replacement

for Metropolitan Hospital on Welfare Island
The new hospital, also to be known as Metropolitan Hospital, will be erected on a two-part site, with both parts fronting on Second Avenue The westerly part will front also on East 97th and East The casterly part will front on East 98th streets River Drive, East 97th Street, East 99th Street, and First Avenue, as well as on Second Avenue

The new hospital project is listed in the 1945 capital budget, where its total cost is estimated at \$6,034,000 and its date of completion tentatively set for some time in 1947. It is anticipated that the Federal Government will pay half of the eost of the

project

The 1945 capital budget calls for an expenditure of \$2,767,000 by the city and a like sum by the Federal Government this year for plans, specifications, and land acquisition. The assessed value of the land on land acquisition The assessed value of the land on the site is \$956,550 and of the buildings \$284,500, for a total of \$1,241,050

Tentative plans call for construction of a nurses' home on part of the site facing East River Drive \*

In observance of National Hospital Day on May 12, the Veterans Administration Hospital in the Bronx was opened to the public from 1 00 PM to

Guided tours were conducted and guests had an opportunity to see such facilities as the surgery department, laboratories, dental clinic, and orthopedic shop A short concert was held at the end of the tour

Hospital Day was observed on May 12 at the Niagara Falls Memorial Hospital. The public invitation included all persons in the city, to visit the hospital between 5 00 and 9 00 PM and attend the reception in the nurses' home

An attractive booklet, commemorating the fifty years of service just completed by the hospital, will be distributed to guests and other interesting data

will be available

Open for inspection were the modern physical therapy department, the technically equipped laundry, the laboratory and blood bank, and tho new building provided by the United States government, the x-ray department, pharmacy, food department, surgeries, and other facilities \*

Thirty-three long-term employees of Tompkins County Memorial Hospital were honored by the board of trustees at dinner in Bibbins Hall on May 11, the eve of National Hospital Day
Walter N Brand, president, noted that twenty-six

of the honor guests had served the hospital faithfully from ten to twenty-three years The other seven special guests were credited with service of eight and

Brand thanked the employees for their nine years service and welcomed Mrs Ireno Oliver, who, in four months as superintendent, has "made such progress toward the kind of hospital we'd like to have for our community"

Reflecting the striking gains that have been made in the detection and treatment of tuberculosis in recent years, Frederick H Ecker, chairman of the Board, and Leroy A. Lincoln, president, of the Metropolitan Life Insurance Company, announced on May 30 that the tuberculosis sanatorium which the company has maintained at Mount McGregor since 1913 for treatment of its tuberculous employees would be closed on September 1

Although a total of 3,507 Metropolitan employees have received treatment for tuberculosis since the sanatorium was opened on November 24, 1913, it was pointed out that the number of patients and the period of treatment have been reduced to a point which no longer justifies the maintenance of an in-stitution of this size Patients now at the sanastitution of this size Patients now at the sana-torium will be given treatment at the company's expense in comparable sanatoriums located nearer to their homes

Dr Jean A Curran, president of the Long Island Hospital College of Medicine, announced on May 9 that \$103,106 has been contributed toward the collego's development fund, exceeding the \$100,000 goal which had been set \*

Four new memorial gifts, totaling \$20,600, to the Ossining Hospital building fund were announced on May 10 by Walter L Johnson, president of the hospital.

A subscription of \$17,000 from Miss Ann Edgar Donald is one of the four new subscriptions Mr and Mrs Moses Myors have given \$1,200 which will memorialize one of the x-ray rooms "in loving mem-ory of their parents"

Another \$1,200 subscription has been received from Harry Gasgall to dedicate an x-ray room, while a third \$1,200 subscription which will dedicate a waiting room has been received from Mr and Mrs Gerald Barber \*

A campaign with an immediate goal of \$5,000,000 and an eventual goal of \$15,000,000 to be used for the development of Post-Graduate Medical School and Hospital, New York City, was announced on May 9

Dr William B Talbot, superintendent of Post-Graduate, said it was planned to construct a twelvestory center to house the hospital's clinics, labora-tories, and teaching facilities Beyond this, the hospital plans three other units that will make the institution one of the best equipped in the world

A large and growing need for continued study on the part of practicing physicians at home and abroad was stressed by speakers Dr Willard C Rappleye, dean of the College of Physicians and Surgeons and director of Post-Graduate, said that "new knowledge in medicine is developing so rapidly that if the physician is to keep abreast opportunities fer continued study in his field of practice must be made available "\*

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m 12

#### [Continued from page 1480]

For the second straight year, the Dobbs Ferry Hospital overcame its operating deficit through gifts, memberships, and other donations to obtain nct income of \$2,431 29 for the year 1944, according to the annual report released in May At the same time the hospital reported a cash bank balance on

December 31, 1944, of \$8,659 67

The report is also highlighted by a message from the president, V F diLustro, and statistical data revealing 11,393 "patient days," an increase of 102

Mayor F H La Guardia, of New York, putting his signature to an agreement whereby the city Drive for a new health center and hospital, declared on May 14 that he did so "to hasten all negotiations and have them so tight that no political

administration in the future will be able to duck

The agreement deeds the property bounded by the West Side Highway and 165th and 168th Streets ! Signers for the joint owners were Charles P Cooper, president of the Presbyterian Hospital, and George E Warren, in behalf of the trustees of Columbia Uni-

On the site the city will erect a three hundred-bed hospital for treatment of communicable and tropical A public-health center will include a diagnostic laboratory for the Public Health Research Institute, formed several years ago under an agreement with the city, and a public-health school to be operated in connection with the Columbia University medical school

Funds for the two buildings are incorporated in the present capital budget, which allocates \$2,690, 000 in Federal and city funds for the public-health laboratory, research and teaching center and another \$2,200,000 in anticipated Federal funds for the lios-

pital \*

# THE DOCTOR AND THE HORSELESS CARRIAGE

New laurels are added to the already notable scientific and humanitarian record of the American doctor-especially the country doctor-in a fascinating new book, "Combustion on Wheels," by David L Cohn For it seems the doctor, graduating from his horse and buggy into the horseless carriage, was among the first daring pioneers to set the automobile in a respectable niche in public opinion It was the doctors, Mr Cohn concludes, with their natural flair for science and mechanical contrivances, who not only bought and used cars but repaired them themselves in days when skilled mechanics were rarer than veterinaries. What's more, they Lept accurate records of costs and repairs which were invaluable to the automobile makers in improving their product

Mr Cohn, who will be remembered for his immortalization of the mail-order catalogue in a previous volume, "The Good Old Days," says in "Combustion on Wheels" "Doctors were the first large group to evperiment seriously with the car as a practical vchicle, keep records of its costs and performances, and on the basis of these records, decide that the car had come to stay, when all-wise bankers still held that it was only a passing fad The very fact that they approved of it, moreover, was one of the most convincing arguments that

was one of the most convincing arguments that could be made in its favor. The reasons are clear "Can you depend upon the car to get you there and back? Will it plow through mud and sand? Will it climb hills? Is it more expensive to maintain than a horse and buggy? Will it give you your money's worth? These practical questions were uppermost in the public mind in 1905 as it looked skentically at the automobile, and until they were skeptically at the automobile, and until they wero answered satisfactorily the car would remain a plaything of the rich They were first reassuringly answered by the country doctor, and his words carried weight because he was by temperament cautious, conservative, and slow to adopt new methods, while the nature of his profession required

him to put the automobile through the most rigorous tests He, more than any other man in the community, had to go out in all kinds of weather on all kinds of roads. Others could afford to be late for an appointment He could not because the issue of life or death might devalue when he approximates or life or death might devolve upon his promptness or

He offers particular credit to Dr F M Crane, who lived in Redfield, South Dakota, in 1905 Crane, disgusted with his balky car and the impotence of local mechanics, learned to "drive by ear," using his stethoscope and anatomic knowledge to diagnose the assorted gurgles, clanks, and groans of the engine

Dr Charles Sylvester, of Dorchester, Massachusetts, kept a careful record, comparing his auto costs with the upkeep of his horse and carriage He reported that after seven months the car cost him \$159.75 against \$268.10 for the horse and carriage. The automobile expense log included such items as "\$5.25 for loss of eyeglasses while raising a thirty-mile breeze in the woods" and "Repair of a bicyle which ran into me \$2.50". Dr. Sylvester also noted that "covered does which Dr Sylvester also noted that "several dogs which tried a similar blackmailing scheme were repaired by me without expense "

Dr J C Stinson, living in San Francisco about the same period, had a more discouraging experience to record He became the victim of a "cannibal mechanio" and his repair bill for a single cylinder car which had cost \$983 in the first place ran up to \$566 for three months "If these charges are not enough to make a man wild," he wrote, "I don't now what else would"

But while this sort of thing was going on, Mr Cohn records that Henry Ford and his contemporary for the state of the state raries in Detroit were almost ready to release the famous Model T. He and other present-day auto makers acknowledge their debt to the country doctor for his pioneering use of the horseless carriage Rocky Mountain M J, Feb, 1945

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(By County Societies)
Supplementary List\*

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Rabinowitz, David L (Capt)

New York County Child, Charles G, 3d (Lt) Essenson, Lawrence (Lt) Fruggiero, Enzo J (Capt) Hess, Leo (Capt) Perkul, Roman B (Capt) Schneider, Kurt W (Lt)

Ontario County
Dickinson, Melville D, Jr (Lt
Comdr)

Sullivan County Stamm, Eric (Lt) Wayne County
Hebblethwaite, Clarence A (Lt)

Westchester County

Augenfeld, Robert (Capt) Eichenholtz, Sidney N (Maj) Hazard, John D (Capt)

### PASS THE KLEENEX

The medical profession has been the goat at the tail end of a wide variety of alleged humor regarding the prevention and treatment of the "common cold". On examination of the mortality statistics from the common cold in actuarial records, we find it exactly point zero, zero, zero per one hundred thousand population, which is the same mortality rate obtained from hitting the thumb lightly with a hammer while hanging a picture (also unpreventable). The individuals who should be blamed (if there is any blame) are the ones who have the cold in the first place, because they usually wait from four days to six months from the onset of the weeping proboscis before they decide to call a doctor

Someone is always quoting figures about the number of days lost in industry due to the common cold and they expect us to believe it. A better alibit for not going to work should be thought of pretty soon as that one has long gray whiskers. A "bad cold" covers a multitude of sins, male and female, and when industry reports millions of man-hours lost due to the common cold, you can well add considerable salt and then divide by fifty and the figure

It is stated that most colds "run their course," which usually means—after the patient has exhausted all home remedies, including the numerous types of ancestral poultices and herbs, he then consults the corner druggist, who, in a period of several days, may run the gamut of pharmaceutic coryzal

therapeutics and eventually, in desperation, the

patient is advised to see a doctor

Many colds are associated with sinusitus, which is a much deeper and more stubborn infection, others are associated with bronchitis, nasal polyps, or tonsillar disease. Another item of importance is that the great increase in the number of persons who smoke has not helped to decrease the number of upper respiratory diseases, because no matter what the advertisers of certain cigarettes may say regarding the nonirritating effect of smoking, it has considerable to do with the onset and course of upper respiratory diseases.

Contrary to the general opinion, most "colds" are not acquired by direct contact, but are the result of exposure of certain susceptible parts of the body to drafts, low temperatures, and moisture with resultant vasoconstriction of the nasopharynx. This in turn causes lowered local resistance of the mucous membrane surfaces followed by the classical symptoms of the common cold and the drippy schnozzola. Perhaps the future will produce a vaccine from a draft of air so that one may begin by injecting one tenth of a cc and gradually work up to a full zephyr. This resembles somewhat the more recent attempt to treat arthritis with bee venom by beginning with one tenth of a sting and gradually working up to a full sting. The patient may get stung, however, in both instances—J. J. L., Detroit Medical News, Feb. 5, 1945

<sup>\*</sup> This list is the thirty-fourth supplement to the Honor Roll published in the December 15, 1942, issue. Other supplements appeared in the January 1, January 15 February 15, March 1, March 15, April 15, June 1, July 1, August 1, September 1 October 15, November 15, December 15 1943, January 15, February 1, February 15, March 1, May 1, May 15, June 1, July 1 July 15, Angust 1 September 1, October 1 November 1, December 1, 1944, January 1, February 1, March 1, April 1, May 1 and June 1, 1945 issues.—Editor

### Woman's Auxiliary

### To the Medical Society of the State of New York

THE officers of the Woman's Auxiliary for the coming year are as follows

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### NEW AND RAPID LABORATORY TEST FOR SMALLPOX

Major van Rooyen and Major Illingworth,1 of the oyal Army Medical Corps, have recently con ibuted what appears to be a most valuable laborary test for smallpox. According to them, a smear eparation from a suspected case of smallpox can made, stained, and examined and the report inded to the physician in half in hour. The atenal is obtained by delicately scraping either the use of a vericle or, still botter an early papule with-it drawing blood. This is rubbed onto a specially oppared silde staned according to the Paschen sthod (which is described in detail) and examined ider the microscope. If the material was secured on a case of smallpox the trained eye quickly deets masses of characteristic elementary bodies. et only are these infinitely more numerous than e elementary bodies found in chickenpox\* but ey are about twice as large. The authors warn at this method applies only to the identification smallpox bodies and is not applicable to those of ickenpox since the latter are too scanty

The test was postive in 77 cases of smallpox and gative in only 3. In no case did a positive test sagree with the clinical diagnosis. The test oved particularly valuable in the early diagnosis cases of modified smallpox, in which only a few erete lesions, suggestive of chickenpox, were sent and also in the early stages of the severe ms of hemorrhagic smallpox in which the papular ge suggested typhus fever or measles. Indeed, in a latter type of case the earliest buccal lesions often embled Koplik spots. The importance of this t can best be appreciated by realizing that the ul test, in which infective material is scratched o a rabbit's cornea, can only be completed in three rs and that the same applies to the chick chorioallontoic membrane test whereas the flocculation test is not reliable until after the first week of the disease.

In another contribution Major Illingworth and Major Oliver's report their observations on an epi demie of smallpox in Egypt during 1943 and 1944 These authors emphasize that the early clinical differentiation of smallpox and chickenpox was often impossible. Not only was the typical distri-bution of the lexions ("centrifugal" and 'centripetal," respectively) a mare and a delumon, but they also found that smallpox lesions came out in crops over a period of four or five days, a characteristic usually ascribed to the lesions of chickenpox, and that maturation of the lesions was sometimes quite as rapid in smallpox as in chickenpox. They noted oval lesions in the folds of the skin and petechine in the axillas in cases of the hemorrhagio type. Even the characteristic backache of the prodromal stage of smallpox was by no means a prominent symptom Finally 96 of the 100 patients in the series had been previously vaccinated 70 having been vaccinated "successfully" within two years

All this goes to show that there are exceptions to overy point of differentiation between smallpox and chickenpox, as was brought out in a recent progress review in the Journal. Smallpox varies in charactor and severity in different localities. Under war-time conditions as they exist today in Egypt with the influx of troops from so many parts of the world this disease in almost every hue of human skin pre-sents extraordinary difficulties. Faced with these, the authors found that examination of the scrapings from papules or vesicles for elementary bodies was of the greatest assistance in making an early diagnosls. New England J Med , Feb 1, 1945

van Rooyen C E. and Illingworth, R. 8 Brit, M J 2t

Tyaser E. E.: Philippine J Be 1: 340 (1906)

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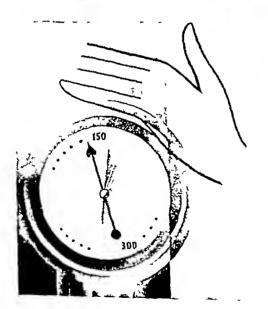
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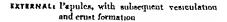


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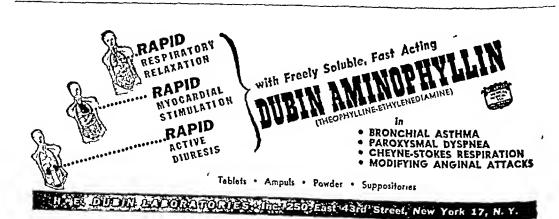
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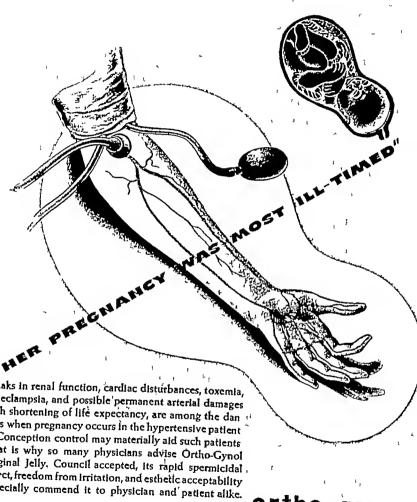
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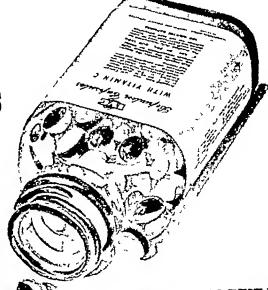
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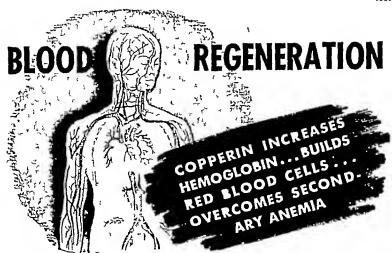
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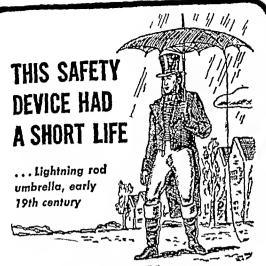
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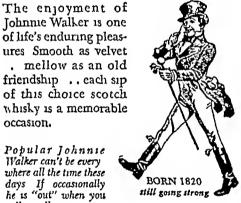


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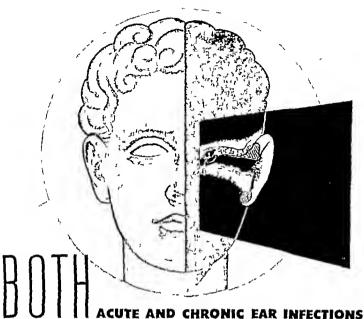
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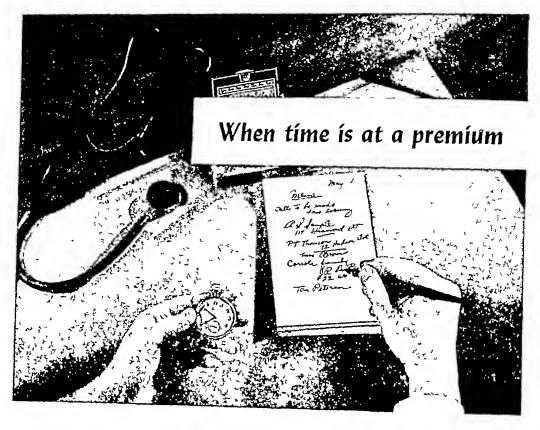
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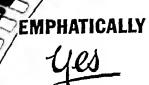
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25 mg 1 25 mg

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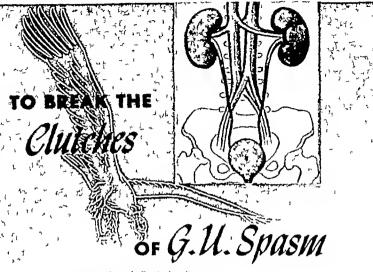
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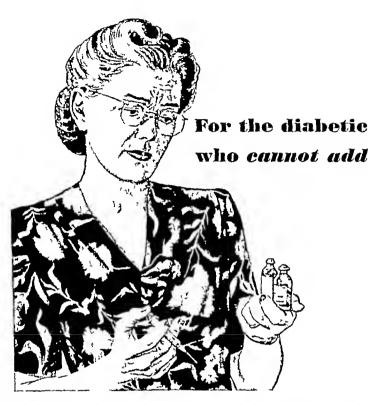
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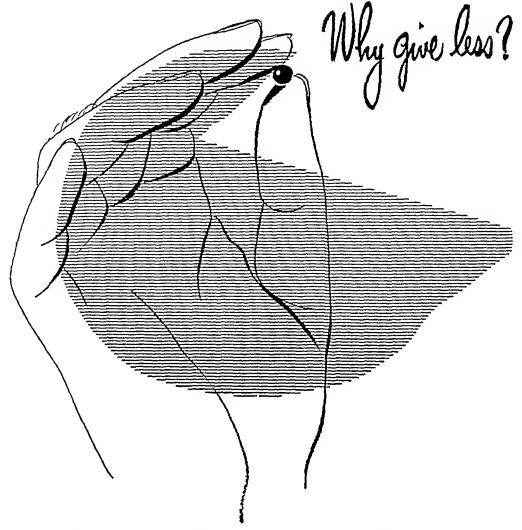
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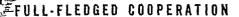
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DOSAGE: 1 or 2 cuspoonfuls in a glass of water milk, or fruit puice once or twice daily followed immediately by another glass of fuguld. It may also be placed on the tongue and washed down, or it may be esten with other foods. Ample fluid intake is advisable to sessure maximum bulk formation.

WHEN digestive symptoms and general malaise are accompanied by marked downward displacement

of the viscera, they are often relieved by ANATOMICAL SUPPORT.





X Ray of patient with visceroptosis (Left) The lesser curvature of the stomach is below the crests of the ilia (Right) X Ray of same patient after application of Camp Support for visceroptosis indicating how the viscera is held in a more nearly normal position.

## Visceroptosis Support - CAMP

The roentgenologist may or may not find disturbed conditions in the duodenum . the displaced viscera

being the only finding For these patients, many physicians prescribe adequate rest, proper food at regular intervals, graduated exercises (especially for the patient with "visceroptotic habitus"), and a scientifically designed anatomical support. Numer-

Camp supports for visceroptosis are fitted and adjusted with the patient in the partial Trendelenburg position Pads are frequently used under the direction of the physician

ous reports show that this treatment results in the gradual disappearance of the digestive symptoms

> with improvement in general health and weight gains for the thin patient. In time the support may be discarded

Camp Supports are also of assistance for postural defects that so frequently accompany the visceroptotic condition

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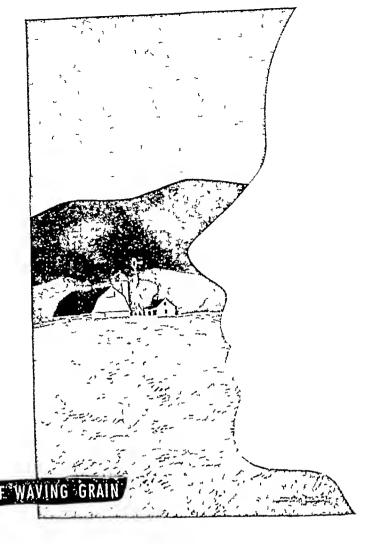
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VOLUME 45

JULY 15, 1945

NUMBER 14

### Editorial

#### Information for Medical Officers

With the termination of the war in Europe, many medical officers in that theater are in doubt as to their future assignments. Many physicians have apparently written to the A.M.A. under the impression that that organization could do something about it. The Journal says

"The American Medical Association—and this statement is made wholly in explanation of a fact that should be obvious to everyone-does not have authority to determine in any way the assignments of physicians in the armed forces The officers of the Association would be heatant to interfere in the making of decisions as to the assignments or transfer of men in the armed forces. The decisions as to how military personnel are to be utilized must rest with those who carry the responsibility for the ultimate results This statement is made because many a medical officer has written to the headquarters of the American Medical Association actually demanding that the Association exert its influence to determine the decisions, not only of those responsible for the medical departments of the armed forces, but even of the Secretaries of War and Navy, of the Committees on Military Affairs of the legislative bodies, and even of the President. The Board of Trustees and the Officers of the Association have felt keenly, nevertheless, the responsibility that rests on them to present to those in authority the facts that should be given serious consideration in the making of decisions concerning medical personnel."

Some physicians have also written to the A.M.A protesting against the possibility that they may be assigned on their release from service with the armed forces to the Veterans Administration On their behalf, the A.M.A. Committee on Postwar Medical Service on May 12 took prompt action and sent to the Secretary of War, the Secretary of the Navy, and the Committees on Military Affairs of the House of Representatives and the Senate the following

"In November, 1944, the Army Medical Department was directed to transfer at least three hundred medical corps officers to the Veterans Administration, this number to include those officers in the sone of the interior who were formerly employed by the Veterans Administration as civilians Apparently about one hundred men

meeting the latter classification were so assigned and in addition some two hundred others selected largely from among men who had been marked 'limited service' Many of those thus assigned have protested and others are now protesting bitterly against these assignments on the ground that their enlistment was distinctly for military service and that assignment to the Veterans Administration cannot be thus characterized Many physicians who have served with distinction in both the European and the Pacific theaters of operation are now indicating by communications addressed to the headquarters of the American Medical Association the fear that they may be assigned on their return to the United States to service with the Veterans Administration unwillingness to serve with the Veterans Administration is based not only on their belief that this cannot be considered military service but also on the point of view that competent, scientific medical care is difficult under the conditions that prevail in the veterans' hospitals

The Committee on Postwar Medical Service, which includes representatives of the American Medical Association, the American College of Surgeons, the American College of Physicians, the American Hospital Association, the Federation of State Medical Licensing Boards, the Association of American Medical Colleges, the Catholic Hospital Association, the Advisory Board for Medical Specialties, and many other groups, after careful consideration of the problems involved, urges that the Secretary of War, the Secretary of the Navy, and all others concerned with the activities of physicians voluntarily enlisted in the armed forces recognize the righteous-

ness of the protests made by these medical officers against assignment to the Veterans Administration. It is further urged that the needs of the Veterans Administration for physicians be met either by voluntary enrollment of men in the armed forces at the time of their release from the service or by recruitment of medical personnel from civilian sources."

It is quite understandable that many physicians, under the circumstances, would be unwilling to serve in the Veterans Administration not because they are reluctant to care for the veteran but because, as stated, and as seems to be borne out by recent allegations from many sources, "competent, scientific medical care is difficult under the conditions that prevail in the veterans' hospitals"

Surgeon General Kirk, in a telegram to the A M A, has stated

"The policy of the War Department and of my office is that when medical officers are returned to the United States on rotation or redeployment they will be assigned to duty according to their specialties. They will replace officers with similar qualifications who have not had opportunity for foreign service."

This information should answer some of the questions being asked by medical officers Reassignment and redeployment is a function of the office of the Surgeon General

#### Oral Moniliasis

Tracer chemicals have been of invaluable assistance in the clarification of metabolic and chemical processes. Certain microorganisms play an analogous role in the elucidation of the evolution of infection from its very source. Monilia albicans, the cause of thrush, is such an organism by virtue of its easy clinical recognition and the facile laboratory confirmation of its presence. Valuable epidemiologic data have recently been collected by tracing the spread of this infection by appropriate mycologic methods <sup>1</sup>

Oral swabs were obtained from apparently normal newborn infants at six different in-

tervals after birth to determine the frequency of monilia in the preclinical stage Vaginal swabs were taken to ascertain the relationship between maternal and infantile infections The possible role of air-borne infections was investigated, and at opportune times a culture study was made of the nursery personnel in a search for possible carriers Since the fungus is not a normal inhabitant of the skin, though saprophytic in the intestine, these tracts were not stud-1ed 2 Nipples, used by infants infected with thrush, and other pertinent objects in the nursery were studied for contamination Effective sterilization processes were also in-

<sup>&</sup>lt;sup>1</sup> Vol 128, No 3, May 19, 1945, p 206

vestigated Some infants, previously infeeted, were followed with periodic culture studies for months after discharge from the

hospital

M albicans was found in 20 out of 107 infants, 18 7 per cent, a figure in agreement with previous work on this subject? These infants were breast fed, 15 completely, 5 partially In every instance in which tho fungus was demonstrated, clinical oral thrush developed in two to ninc days addition to this group, 34 other infants developed clinical thrush The causative organism was demonstrated in all these infants, perfect laboratory confirmation of the diagnosis

The occurrence of oral thrush in 6 out of 13 infants whose mothers had vaginal flora containing M albicans is significant fants of mothers with vaginal moniliasis develop thrush about three days after birth Infants with thrush whose mothers were free of the fungus manifest the infection about a week after hirth Cultures of the nursery personnel were persistently negative for the monilis, as were cultures of the air taken at strategic points. Nipples and bottles used by infected infants as well as solutions in which these nipples were immersed, showed uniformly positive cultures Surfaces and materials touched by these contaminations similarly yielded positive cultures

The follow-up studies revealed that not

infrequently asymptomatic infants continued to harbor the fungus This organism may persist as long as twelve weeks after the clinical phase has disappeared. It is small wonder, then, that contact with these infants is very likely to cause secondary

Such infections appear at a longer interval after birth than the primary infec-

tion, the mark of differentiation

If a parturent mother harbors an infection or an infectious organism isolation from the baby is obligatory The spread of moniliasis is proof positive of the validity of this practice, for the mother centaminates whatever she touches-herself, the bed linen, and various articles. The infected infant must be removed from the nursery. the procedure to institute in all infections. lest n rapid spread ensuo. The importance of clean nipples, tables, and other sources of contact is obvious Solutions for immeraing nipples should be prohibited, so prone are they to contamination Monibasis belongs to a unique group of epidemic contagions in which the air-borne factor and personnel infection play little or no role in the spread

And J Dis Child of 400 (Jude) 1944

Am J Dis Child of 400 (Jude) 1944

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#### Current Editorial Comment

#### Infant Deaths from Mechanical Suffocation

An interesting and valuable report has been circularized by the Committee on Public Health Relations of the New York Academy of Medicine dealing with this important subject, for it is found that deaths from mechanical suffocation have increased by almost 60 per cent in the past They accounted for over 1,500 deaths in the United States in 1942 discussion of "Accidental Mechanical Suffocation" (Journal of Pediatrics 5 404-13, Nov , 1944) Dr Harold Abramson has shown that about 80 per cent of these deaths in New York City for the five-year period, January, 1939, to December, 1943, occurred

in children of less than one year of age, and 85 per cent of those during the first year of life have been in children less than 6 months old The same is true of deaths reported from upper New York State (Health News 22 1, Feb 26, 1945) To prevent these unnecessary deaths, five suggestions have been offered for mothers to follow, as announced by the Committee

The first suggestion is never have loose materials, such as pillows, blankets, and outer covering in the baby's crib or carriage mfant should sleep on n firm mattress rubber sheets and undersheets should be sprend smoothly and should be large enough to tuck tightly under the mattress—quilted pads should be tied down. Any top covers should be large enough to tuck firmly under the sides and lower end of the mattress. Loose objects such as pillows, loose blankets, and restraining straps are unnecessary and wholly undesirable.

The second suggestion, especially for babies under 6 months of age, is—watch the baby's position in his crib or carriage. Observe him at frequent intervals when he hes "face down". The prone posture was noticed in 68 per cent of the babies in the New York City study who were found after accidental death, and many of these were discovered with soft pillows, mattresses, or mattress coverings occluding their noses or mouths. Only 17 per cent of the suffocated babies were found lying "face up", these also had pillows or blankets covering the face.

Since the peak of infant deaths from mechanical suffocation is reached during the late fall and early winter months, the third suggestion is—let the baby wear enough clothes to maintain normal body temperature but allow him unhampered movement at all times. Sleeping-bag garments with mechanical closing and locking devices which may catch beneath the infant's neck, as well as tight caps and bibs, should be avoided

A fourth suggestion is—always sit up and hold the baby while feeding him. This suggestion holds especially for the early morning feedings. If the mother, at the time for the 3 00 Am or 6 00 Am feeding takes the baby to her bed while she feeds him from the breast or from the bottle she may fall asleep with the disastrous result that baby smothers from having the mother's breast or other parts of her body occlude breathing. The parent's bed—next to the crib and carriage—has become the fourth most frequent site of infant death from mechanical suffocation.

The fact that death takes place most often between 3 00 am to 6 00 am and 6.00 am to 9 00 am also leads to the fifth suggestion—do not leave baby unguarded during or too soon after feeding. Although most mothers "bubble" their babies during and after feeding, the early morning hours are not conducive to the patience which the job requires. Many mothers who have artificially fed children just prop the bottle into baby's mouth and leave baby while he feeds. In such situations there is the danger of suffocating from regurgitated food.

These five simple rules are easy to follow and observe and should be made generally known

DD.T Discussing the medical and public health importance of DDT in the 1945 Hermann M Biggs Memorial Lecture at the New York Academy of Medicine, April 5,

"Dr Fred C Bishopp told of the discovery of D.D T and summarized current knowledge of its uses in war and in peace

Dr Bishopp said that insects and related arthropods assume a high rank in importance in the health and prosperity of nations in both peace He cited, as exclusively insect-borne, some of the world's most dreaded diseases, such as plague, epidemic typhus, and African sleeping sickness He mentioned also Rocky Mountain spotted fever, endemic typhus, scrub typhus, encephalomyelitis, yellow fever, and many other illnesses for which insects, mites, and ticks are wholly responsible Insects that carry or produce plant diseases, that destroy vegetables or fruits, cereals or sugar cane, or that damage livestock or food products in storage often are a dominant factor in decreasing food supplies so that low-income groups or even entire populations suffer from malnutration and many people The devastation of forests die of starvation and grasslands by insects, which increases the cost of suitable shelters and induces destructive soil erosion, floods, and forest fires, also affects human welfare All insects are not arch enemies of man, Dr Bishopp pointed out Thousands of species may be classed as neutral and other thousands as beneficial

Dr Bishopp prophesied numerous peacetime developments, including farms with contented livestock and cleaner dairy products as results of the use of this insecticide in combating horn flies, stable flies, and houseflies, also outdoor areas with fewer punkies, black flies, and mosquitoes. Insect destroyers of crops may be held in stricter control thus helping to assure ample and economic food production which, in turn, means better general health and happiness.

Dr Bishopp said that DDT appeared destined to assume an important role in controlling sand flies and thus in the reduction of the incidence of kala-azar and sand-fly fever. Tick control also will probably be accelerated materially by the use of DDT"

He pointed out also that careful control of its use should be exercised in order that beneficial insect life should be preserved

<sup>&</sup>lt;sup>1</sup> Health News, NY State Dept. of Health, Vol 22, No 18, April 30, 1945

## A COMPARATIVE STUDY OF 800 TEMPERATE AND INTEMPERATE INMATES OF A PENAL INSTITUTION

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IN A PREVIOUS study of four hundred alco-L holics in a state prison,\* it was pointed out hy the author that enforced abstinence from alcohol epparentiy had a wholesome effect on convicts who, prior to their incarceration, had succumbed readily to a dangerous dranking habit It was furthermore explained that such an abstinence has been a prerequiate for any other successful treatment, be it medical, mental, or spiritual It was also stated that the prognosis of these excessive drinkers could be considered favorable, if, in a scientifically planned way, one replaces the mental crutch, manifesting steelf in their habitual drinking, with an equivalent of social and emotional maturity. Thus, a major achievement will have been accomplished toward crime prevention in inebriates. Simultaneously, the role of the personality as the decisive fector in the development of a social failure, characterized by alcoholism and criminal behavior, was illustrated

In order to illuminate more exactly the relationship between inciriety and crime, this additional study was undertaken, its purpose is to depict the difference between temperate and intemperate offenders, thus determining more accurately the role of alcohol used excessively as a promoter of peculiar antisocial behavior

This survey was compiled in a manner similar to the former study-from official reports as well as personal observations and interviews with inmates of Cimton State Prison, New York, terminating in the summer of 1944. At that time there was a total of four hundred temperate convicts confined in the institution, which figure constituted approximately 23 per cent of the total population of one thousand, seven hundred inmates A year ago, according to the previous study, the number of temperates was 34 per cent of the total prison population (11 per cent greater than during 1944) Apparently, a shift has been taking place from the "dry" to the "wet" side among the men admitted to this prison, it may be due to war conditions with a trend for "fast living," increasing the cases of elcoholic offenders, and also to some degree to the fact that a number of foremost temperate inmates have been recruited by enlistment with the armed forces since 1943

If we compare the four hundred temperates

examined in 1944, with the four hundred intemperates examined in 1943, several interesting facts can be elicited with respect to their background, development, and personality, facts which add much-needed knowledge to the problem of alcoholism and criminal behavior

The following tables show the corresponding percentile figures of temperate and intemperate inmates, scrutnized in accordance with the nbove-mentioned outline. (T denotes temperate, Int. denotes intemperate.)

#### Social Background

The first table shows the marital status of our men

Evidently the greatest difference between temperates and intemperates exists among the separated and divorced convicts. We note a 16 per cent increase of drinkers in this group table also confirms the previously found fact that marriage favors temperance. We find a 14 per cent increase of temperates among the married men. Surprisingly, the single convicts are the strongest group among the drinkers as well as the abstainers, however, the figure of 60 per cent of ebstainers cannot be taken at its face value, but should be calculated below the corresponding figure of the drinkers, considering the fact that the greater part of the 60 per cent temperates belonged to the very young age group of the early twenties, an age when marriage usually is not yet contemplated earnestly, whereas, of the 48 per cent alcoholics of the single group. only a very small number was found to be under the age of 25

The next table covers the occupation of our inmates

This table indicates mainly that unskilled laborers tend more to drinking than skilled ones it also confirms the fact that laborers outnumber by far the cierical and professional groups among the convicts, proving that crime and lack of education (not lack of intelligence) go hand in hand

<sup>\*</sup> Wenger Psul. New York Stata J Med. 44: 1898 Sept. 1) 1944.

TABLE 2

Commoo laborers Skilled laborers	400 T 34% 51%	400 Int 44% 41%
Occupations, such as waiters,	1%	6%
Professional and independent businessmen Clerical workers	8% 6%	6% 3%

#### Physical Development

The first table in this group depicts the physical (medical) classification of the eight hundred inmates

TABLE 3

	400 T	400 Int
Class I (best condition)	27%	17%
Class II	58%	68%
Class III	7%	10%
Class IV (worst condition)	8%	370

Remarkable is the 10 per cent increase of abstainers among the physically fittest men. As to the second group (Class II) we perceive a 10 per cent increase of intemperates, apparently minor physical defects may cause feelings of inferiority which are compensated by indulging in intoxicants

The next table denotes the health status of the men concerning the history of their social diseases

TABLE 4

	400 T	400 Int
History of venereal infections No history of venereal infections	$\frac{28\%}{72\%}$	40% 60%
No history of veherest imegations	1270	00%

Here we see clearly the correlation of venereal diseases with a corresponding drinking habit Twelve per cent more intemperates than temperates give a history of venereal infections, which supports the known fact that alcohol dulls the inhibitions that control sex conduct

#### Mental Development

All eight hundred men were tested psychometrically in order to ascertain their intelligence quotient (I Q)

TABLE 5

	400 T	400 Int.
Feebleminded	2%	1%
Borderline Dull	17%	12%
Average	45%	$^{29}\%$
Superior	13%	13%

The difference between abstainers and drinkers is amazingly small, it confirms the statement made in the previous study that excessive drinking seems to have no major effect on a man's in-

This does not necessarily tellectual capacities refute the conclusions reached by some biologists, who found that the progeny of alcoholics deteriorated intellectually, however, the available statistics differ to a major degree in this Only in the terminal stage of chronic alcoholism does the intellectual deterioration reach a striking point Contrary to it, moral deterioration sets in relatively early in drinkers, which fact, in the experience of this author, has been responsible for a considerable part of all prison commitments Statistical figures collected recently in this institution show that exactly one third of our inmate population committed a felony in a state of alcoholic intorica-

As to the psychiatric classification of our cases, the following table could be compiled

TABLE 6

	400 T	400 Int
Psychopathic	54%	41%
Alcoholic	0%	29%
Approximately normal	31%	11%
Potentially psychotic	6%	9%
Drug-addicted	8%	979
Sex-perverted Feebleminded	179	16
Epileptio	1%	ò%

Of major interest is the group of the approximately normal inmates, it shows a 20 per cent increase of the temperates, which meets our expectations in a comparative study of abstainers and drinkers The 13 per cent increase of temperates among the psychopaths points to the fact that these personality types comprise the more active antisocial elements who do not need to take to what may be called the "alcoholic crutch," thus evading the solution of their life problems A slight increase of the intemperates is noticeable in the two groups of the sex-perverted and potentially psychotic men peculiar effect of alcohol on sex behavior, abating inhibitions of a social or ethical nature, also promotes certain unconscious perverted practices As to the potentially psychotic group, the 3 per. cent increase of alcoholics points to their higher emotional tension, which itself enhances the use of alcohol

The greater emotional instability of the drinkers further manifests itself in the next table, representing those having a history of insanity

TABLE 7

	400 T	400 Int
History of insanity	7%	10%
No history of insanity	7% 93%	10% 90%

However, as mentioned in the previous paper, the relatively small number of psychoses among drinkers points to the theory accepted by many psychiatrists, that alcoholism is more frequently a symptom than the cause of meatal disorder

The following table (types of crimes committed) dopicts a number of lateresting facts relative to the different criminal behavior of our eight hundred temperates and natemperates

TABLE 8

	400 T	400 Int
Murder	12%	11%
Manslaughter		32 67
Robbery	457	32%
Sex erimes (rape incest, bigamy impairing morals of minor) Acquisitive crimes (bur	8%	12%
glary, larceny furgery swindles)	28%	37%
Escape Criminal negligence (fatal auto accidents)	1%	2%
Abandonment ) Arson	1%	1%

Looking at the first two groups of this table, we find that homicide is approximately equally frequent among the abstainers and among the drinkers. However, the temperate killers are mostly emotionally fairly well balanced persons who commit murder deliberately, whereas the intemperates are, in common, emotionally unstable individuals who, after a drinking spree, become argumentative, thereby committing what is legally called manifaughter or murder in the second degree

Noteworthy is the third and fifth group of this table, the former shows a 13 per cent racrease of temperates among the robbers, the latter, a 0 per cent increase of intemperates among those convicted of acquisitive crimes Apparently, "holdups" require coelheadedness and planning, whereas birglanes and forgeres are more easily committed after one has dulled his moral scruples and inhibitions by indulging in an intoxicating beverage

The fourth group (sex crimes) shows a 4 per cent increase of the intemperates-another confirmation of the known fact that alcoholism advances a person's moral doterioration. Tho drinkers in this group constituted the majority of offenders sentenced for incest or impairing the morals of female children Among the abstainers of this group one could allocate most of the active homosexual inmates, legally termed The training of a perverted sex behavior from childhood on, combined with an actively working mind, did not necessitate thn use of alcohol on their part. Most of the interviews with homosexual convicts proved that, in the vast majority of all cases, homosexuality represents a social and erotic misfit which can be prevented by an education genuinely interested in the emotional and moral maturity of all children, including those raised in public or private institutions. In addition, manifest cases of homosexual behavior should be treated mentally and physically in special institutions to be established as an intermediate between prison and hospital

In the former study, the decisive role of "personality" in the course of a man'e life and destiny was stressed and held responsible to a large degree for his intemperance or abstance The next table compares our eight hundred inmates with regard to their character traits

TABLE 9

·	400 T	400 Int
Extrovert, acciable and co- operative	63%	63%
Introvert, unatable anxious and religious Aggressive Jealous	27 % 0 69 1 %	29 % 7 % 1 %

The table shows plausly a similarity of personalities in both groups, the temperates and intemperates. This is intelligible if one considers the fact that an alcoholie who has sobered up for a reasonable length of time and is under close supervision cannot be distinguished substantially from the temperate immate, since his possible moral deterioration is well recognizable only during a more or less continuous state of interication. Criminals are, in general, much more extrovert than introvert, due to their active attitude toward life.

The use of alcohol seems not to alter their extrovert character, as our table shows an equal percentage (63 per cent) of temperates and iatemperates among the extrovort group who drink are more superficial and easygoing than those who abstain, in addition, the intemperates usually manifest an increased physiclogio inclination (taste, etc.) for alcohol Among the introvert type of inmates, we find somewhat more (2 per cent) intemperates than temperates. in other words, alcoholics show greater emotional instability, which coincides with the findings of Tables 6 and 7 It was pointed out in the former study that addicts are less active than other social muslits, conversely, we find a slight increase (2 per cent) of temperates among our decidedly aggressive inmates

#### Conclusions

Summing up our findings of the present survey of pinson inmates and the former study, the following well-established facts can be enumerated

- Excessive drinking affects mostly middleaged persons from 30 to 40
- 2 An alcoholio habit is not necessarily

hereditary, this does not repudiate the scientific experience that chronic alcoholism in many cases has noxious effects on the germ plasm

3 Race does not affect a man's predilection for alcoholic drinks, white and colored persons

equally indulge in intoxicants

4. Lack of education breeds not only crime, but also inebriety, e.g., skilled laborers drink less than common laborers

- 5 Marriage favors temperance, separation or divorce promotes intemperance
- 6 A drinking habit is acquired predominantly under the age of 30 and is supported by a physiologic inclination (taste, etc.) for alcohol
- 7 Environmental factors, specifically sociability, constitute the most potent incentive for drinking (in about four fifths of all cases), mental stress as a motive makes up the rest
- 8 Habitual drinking practically does not impair a man's intelligence except in the terminal stage of chronic alcoholism, however, according to some observers, it may deteriorate the intellectual qualities of the progeny
- 9 Alcoholics evince a comparatively greater emotional instability, this also manifests itself in a larger incidence of insanity in the past history of the intemperates, simultaneously, the relatively small number of alcoholic psychoses among drinkers points to the more or less accepted theory that alcoholism is a symptom rather than a cause of mental disorders
- 10 The use of alcohol dulls the inhibitions that control sex conduct and thus increases the risk of contracting a venereal disease
- 11 There is definite proof that the excessive use of alcohol is responsible for a considerable number of all incarcerations, exactly one third of the inmates of a penal institution committed one or several crimes while in a state of alcoholic intoxication.
- 12 The major part of the gross sex crimes can be traced to the excessive use of alcohol, which abolishes moral and especially sexual inhibitions
- 13 Intemperance does not basically change a man's personality except. (a) in the case of continuous excessive drinking, when moral deterioration sets in, (b) during a state of actual intexication, when sound judgment becomes more or less impaired and alcohol renders the

person a demoralized and temporarily aggressive individual

14 Intemperate criminals who have sobered up and have been under close supervision for a reasonable length of time do not differ in principle in their personalities from their temperate fellow prisoners, both groups are equally more extrovert than introvert, due to their active attitude toward life

After looking through the fourteen points of this summary one may ask what practical lesson social science, especially criminology, including psychiatry and mental hygiene, can draw from surveys of this kind Is addiction to alcohol, seen from a sociologic viewpoint, harmful or harmless, does it promote crime? It seems to me that among all findings the points 8, 11, and 14 of the conclusions may attract the main atten-The first stresses the fact that a person's intelligence is relatively well preserved throughout years of habitual drinking. This might account for the public tolerance and patronage of a custom deeply rooted in human nature and The second quite generally considered harmless important finding unveils a part of the liability which society must meet if it favors the use of Assuming a sum of \$600, at present spent for the yearly maintenance of an inmate, many thousands of dollars of public money could be saved if prisons did not have to admit offenders who committed a crime in a state of alcoholic intoxication, not to speak of further expenses for the relief and support of their families during the time of incarceration nally, our surveys reveal that enforced abstinence over an appropriate length of time is the royal way on which an alcoholic, whether criminal or not, can and must proceed in order to free himself of his habit

A last question comes to one's mind in this connection. Who among the immoderate users of alcohol is generally liable to commit an offense punishable by imprisonment? One may answer pre-eminently those who in their character combine enterprise with antisocial tendencies. Thus we may stress the importance of an education that teaches those concepts of social activity which, unshaken by passion and self-indulgence, remain firm pillars of one's responsibility and moral obligation.

#### IT CAN BE DONE

Tuberculosis can destroy the finest human material in every nation. Yet all modern knowledge shows that this disease, if fought with medical and

social weapons known to us now, can be cured and largely prevented.—Harley Williams, M.D., Am. Rev. Tuberc., Jan., 1945

## APPENDICITIS A SURVEY OF THE LAST TWO THOUSAND CONSECUTIVE CASES

HARRY A. D. O. CONNOR, CAPT, (MC), USNR, and EVERETT M. BESSIE, COMDR, (MC), USNR (From the United States Naval Hospital, Brooklyn)

TO SINGLE tissue or organ in the adult human body causes so much trouble to individuals and so much discussion among surgeons as that vestigial remnant, the vermiform appendix. Even n mere skimming of the surface of recent medical journals-for three years filled with diagnosis and treatment of war injuries and diseases shows hardly a single magazino without at least one article on appendicitis. Descussion and difference of opinion-all marked by formidable collections of data-still center about the time-honored diverging crossroads how to make a diagnosis, when to operate, or should one operate, what type of anesthesia should be used, where the incision should be placed, and how to drain or not to drain, when to give food postoperatively, when to get out of bed, and now, most recent of all controversial points, whether to give sulfonamides or not, and how, and how much

We have no faint hope of being able to settle, once and for all, all these weighty questions, and to determine finally the action of each individual surgeon. But we do hope, by presenting a part of our experiences at the Brooklyn Naval Hospital, to restimulate interest in a disease which still takes a toll of 12,000 to 20,000 lives annually in the United States, and to give a picture of how this troublesome menace is managed in this in stitution. The Navy way, due to the exigencles of the service and needs of the fighting fronts, differs in some respects from the civilian way. And we behave that our experience is extousive enough and important enough to present publicly

The entire series here presented is taken from the service of the senior nuthor at this hospital, and constitutes a completely unselected series of 2,000 consecutive patients operated upon for appendicuts, the last operation having been performed the end of August, 1944, and the first of the series in the middle of October, 1942 a total period of twenty-two and one-half months

A very high percentage of individuals has an appendix which lies behind the cecum and ascending colon. In our series these amounted to 454 cases, or 23 per cent. Besides being retrocecal, the appendix may also be partially or completely retroperitoneal. We had 68 such cases in this series, 34 per cent of the entire series, but 15 per cent of all retrocecal cases.

Read before the Brooklyn Surgical Society December 7

TABLE 1-POSITION OF APPRICAL

	No. of Cases	Percentage
Retrocecal Itetroperitoneal Medial to cocum.	454 68	23 0 3 4
or pelvie	1 478	73 6
Total	2 000	100 0

A so-called "bloodless fold of Treves" has been described When present this fold so completely covers and conceals the appendix that the erroneous impression that the appendix is congenitally absent may easily mise. Usually the appendical mesentery is a small triangular peritoneal fold nitached to the posterior surface of the lower part of the mesentery of the ilcum and carrying the blood and nerve supply of the appendix. As is to be expected, in obese patients the mese-appendix, like other organs and tissues, is frequently so densely infiltrated with fat that it is rendered extremely friahle and difficult, as well as dangerous, to handle surgically

TABLE 2-PATROLOGY

	No. of Capes	Percentage	No. of Cases	Percentage
Acute estambal suppurallys Gangrenous Ruptured	1 138 118 11	58 90 5 90 0 55	1,267	63 88
Chronic No pathology			557 146	29 35 7 30
Total			2 000	100 00

The 2,000 cases in this series included 1,138 cases, or 50.9 per cent, of acute appendices in which the inflammation was catarrhal or sunpurative with or without free purulent fluid in the peritoneal cavity, or mesenteric lymphadenitis, 118 cases, 59 per cent, were pathologically gangrenous, and only 11 cases, 55 per cent, were ruptured or perforated This makes n total of 1,267, or 63.35 per cent, of the entire series, clinically and pathologically neutely inflamed The percentages of gangrenous and perforated appendices are gratifyingly small and contribute largely to our record of but a single death in the entire series Wo feel that this small percentage of the most serious stages of appendicitis is a potent supporter of our argument for early surgery

Five hundred and eighty-soven cases, 29 35 per cent of our senes, were reported as having

chronic appendicitis, and 146, or 7 3 per cent, as showing no pathology at all. This latter group is too small to warrant apology for our diagnostic acumen and represents that group in which we have consoled ourselves with the thought that discretion and surgery were in these cases the better part of valor and risk

#### Preoperative Care

Preoperative care in this hospital has been reduced to a minimum for appendicitis, as practically all of these cases are handled as emergencies. The sooner we operate, the less serious the pathology, the easier the convalescence, and the more speedy the return to full duty. However, if operation is delayed a simple cleansing enema, 1½ grains of phenobarbital by mouth as a sleeping medication, and ¼ grain of morphine sulfate and ½ grain of atrophine sulfate when the patient is called to the operating room, are routine orders.

#### Anesthesia

We are strongly in favor of spinal anesthesia as the anesthetic of choice for these cases Not one single case of the entire 2,000 was started on any other type of anesthesia. One thousand seven hundred and twenty-three were given 150 mg of procame crystals dissolved in 3 cc of spinal fluid, and 184 were given 16 mg of pontocaine "snow" dissolved in 3 cc of spinal fluid All of these had more than satisfactory anesthesia The remaining 93 were given procaine crystals intrathecally, but due either to poor administration, a prolonged procedure because of technical difficulties, or an occasional case in which a seemingly perfect tap was done, yet the patient was apparently refractory to spinal anesthesia, and required the reinforcement of gas-oxygenether by inhalation

TABLE 3-Anesthesia

	No of Cases	Percentage
Spinal (150 mg. procaine) Spinal (16 mg. pontocaine) Spinal reinforced by care	1,723 } 184 }	95 3
Spinal reinforced by gas- oxygen-ether	93	47
Total	2,000	100 00

Just a word on technic As experience has taught us that almost one in every four appendices is retrocecal and frequently extends high up toward the liver, we administer our spinal anesthetic agents at a relatively high level—usually between the first and second lumbar spinous processes, frequently an interspace higher, and always with the patient lying on his left side Every patient has first approximately 2 cc of 1 per cent novacaine injected through a fine needle, then, after dissolving the anesthetic

agent in spinal fluid, it is reinjected into the thecal canal at the rate of 1 cc per minute—a total of three minutes being taken in each case. Three-quarters of a grain of ephedrine sulfate is administered on the operating table just prior to the spinal tap. Blood pressure readings are taken routinely throughout the operation, and we have but rarely experienced a drop in blood pressure sufficient to require the administration of a vasoconstrictor. Our incidence of postspinal headaches has been practically negligible

#### Operative Technic

The controversy over the type of incision still rages. Although the majority of surgeons have adopted the McBurney type of incision in recent years, no lesser surgeon than Lahey has recently advocated an "adequate right rectus incision"

Of necessity, in a large institution such as this, with the staff—medical officers, nurses, and corpsmen—in an almost constant state of flux, and with a brief period being allowed for intern training, it has been necessary to routinize a method for such a frequent operation as appendectomy. We use a muscle-splitting type of incision which varies from the one usually used elsewhere

Instead of incising at the junction of the outer and middle third of a line drawn from the anterior superior spine of the ileum to the umbilicus, as in the usual McBurney incision, the incision made in the Naval Hospital is in the same direction as the McBurney, but only one fingerbreath mesual to the anterior superior spine, with one third of the incision lying above the imaginary line from spine to umbilious and two thirds lying below it After skin, subcutaneous tissue, and fascia are incised in the same direction, the mesial fascia is retracted and the exposed muscles are wiped laterally by packing a gauze sponge directly under the mesial leaf of incised and now retracted This permits the opening of the muscle layers considerably mesially to the incision through the external fascia Muscles are opened by thrusting a curved Kelly clamp through them down to the peritoneum, opening the clamp, and then replacing it with narrow-bladed Aimee re-By pulling apart the retractors the tractors muscles are split in the direction of their fibers with a minimum of bleeding and trauma Muscles are now retracted and the exposed peritoneum is wiped toward the operator Thus, in turn, the peritoneum is opened at a still more mesial line than the more superficial abdominal layers, and again, to increase the safety factor, after a nick is made in the peritoneum with a scalpel it is opened by inserting Aimee retractors The alcohol-phenol and pulling them apart technic is used to amputate the appendix, and

both stump and meso-appendix are doubly ligated with chromic No 2 catgut. The stump is not inverted

After closure of the peritoneum by purse-string suture, it is rarely necessary to use more than two interrupted sutures to close the muscles. Closure of the fascar is one of our points of divergence from usual technic and in our hands the method used has proved more than astisfactory. Instead of merely suturing the cut edges together, the mesnal edge of the external fascin is imbricated into the periosteum of the ihac spine. This gives a double layer of fascia over the lower suture lines, and allows sutures which will hold to be placed in firm tissues.

We have not er seen or heard of n postoperative hernia in any patient whose incision was made and closed in this manner

TABLE 4 -Type or Inciator

	No of Cases	l ercentage
Modified McBurney	1 903	818 CG
Modified McBurney with	86	4 30
Right rectus	11	0 55
Total	2 000	100 000

In 1,903, or 99 515 per cent of our cases, we were able to perform nn appendectomy through the incision we have just described without technical difficulties In 86 cases, 4 3 per cent, due to n fixed immobile cecum with n retrocecal appendix, it was necessary to extend the incision. We extend by a bockey-stick type of incision, directly cephalad from the upper nugle, locising directly through skin, subcutaneous tissue, fascia, and muscle. We may again state that, despite extension of this incision, we have yet to see our first postoperative bernia Eleven patients, 0.55 per cent, were operated upon through a right rectus muscle-retracting incision All eleven of these cases were in womon-Waves or dependents in whom the diagnosis was so doubtful that thorough exploration of the pelvis seemed advisable to the operating surgeon.

Our routimized operative technic for appen dectomy means that every surgeon uses this method, that every nurse and corpeman is trained in n single method, that every intern soon to be released to possibly indopendent duty learns one simple, almost foolproof method of

removing an appendix

It is fairly well recognized by most surgeons that the advent of the sulfonamides has been a powerful addition to our armamentarium for lowering the mortality and morbidity rate of appendicitis. In every case in which the appendix shows gross evidence of suppuration or in which there is excessive fluid in the peritoneal

eavity, we exhibit sulfinulamido intrapentoneally. The average does is a full 8 Gm—all into the pertoneal cavity. We do not dust the successive abdominal layers. The pathology is in the pertoneal cavity, and that is where the drug is placed.

TABLE 5 -TREATMENT

	No of Cases	Percentage
Total cases of acute		
appendicitis	1,267	
Bulla in abdomen	1 101	87
Sulfa by mouth or vein	108	8 5
Wangensteen drainage	1 100	87
Intravenous fluida	1 100	87
Drains (one Penrose)	15	Ö 14

Of n total 1,267 cases of nppendicitis pathologically acuto, sulfandamide in an 8-Gm dose was exhibited intraperitoneally in 1,101, or 87 per cent. We firmly believe that this procedure has been a potent contributing factor to our low mortality-morbidity rates (See Table 6)

TABLE &-COMPLICATION

Deaths Pertionitis and empyoma Wound infection Attlectable Polimonary infaret Polimonary infaret Polimonary infaret Pretionitis Pelibitis (fower extremity) Intellial obstruction	19 13 27 17 12 12
Total	84 (0.27%)

#### Postoperative Management

Postoperatively we have felt it necessary to administer the sulfonamides by either mouth or vein (or both) in only 108 cases, or 8.5 per cent

Every patient receiving sulfonamides by any route is followed carefully by laboratory methods. A daily urinalysis is run for evidence of kidney uritation and the blood sulfin level is determined every fifth day. We attempt to keep the blood sulfin level between 7 and 8 mg per 100 cc, feeling that this is both optimum to combat infection and safe in respect to toyic effects.

We have developed a so-called "peritonitis routine" for the treatment of each case which shows either localized or spreading peritonitis at the operating table Briefly, it consists of four basic therapeutic procedures (1) the administration of 1/2 cc. of 1 2,000 prostigmine parenterally at four-hour intervals for forty-eight to seventy-two hours, (2) the maintaining, for a variable period of time, depending upon the changing status of the patient, of Wangonsteen type of suction through a Levene tube passed through the

nose into the stomach, (3) the rigid maintenance of fluid and electrolytic balance by frequently repeated intravenous infusions of 5 per cent glucose in saline, and (4) the continued exhibition of the sulfonamides by either mouth or vein, depending upon the condition of the patient Eleven hundred patients (87 per cent) out of 1,267 with acutely inflamed appendices were treated post-operatively with Wangensteen suction and intravenous fluids

In only 18 cases, 04 per cent, have we felt it necessary to attempt drainage of the peritoneal cavity. This is a low percentage with 1,267 acute appendices, 129 of which were either gangrenous or actually ruptured. It has been in only the exceptional case that we have found it necessary to continue our "peritonitis routine" for more than forty-eight to seventy-two hours.

Our postoperative patients are fed early, being placed on a soft diet on the fourth day and a regular diet on the fifth day. Although many surgeons may disagree with us, we keep our patients in bed for seven full days, and up to the present have had no valid reason for abandoning this policy. During this bed-rest period a system of graduated exercise is employed to combat possible development of atelectasis or embolism. The average patient is discharged to full duty—with all that that means for a sailor—on the twenty-first day after operation.

In this series there were 80 patients or 0 40 per cent, who required more than twenty-one days on the sick list, and this, of course, was due either to postoperative complications or to such a debilitated condition of the patient before and during his hospital stay that more than three weeks was deemed advisable before again subjecting him to the rigors of the sea and war

We feel that our mortality and morbidity rate is exceptionally low, and compares more than favorably with any set of statistics so far compiled and published. In the entire series we had but one death, this resulting from an overwhelming general sepsis, general peritonitis, and empyema

We had 13 cases of atelectasis proved by x-ray Undoubtedly other cases occurred, but our method of fist percussion over a flattened palm

laid against the suspiciously affected posterior chest wall until the patient coughs up mucus has unquestionably aborted this condition and rendered x-ray findings negative. Two patients developed pulmonary infarcts—visible in x-ray—and seven developed true pneumonia postoperatively. We had one lumbar abscess which required drainage and seven pelvic abscesses which had to be opened. It is of passing interest to note that five of these seven occurred in female patients. One patient developed a full-blown peritorities postoperatively but recovered and has returned to full duty without further surgery.

Twelve patients developed phlebitis of a varying degree in a lower extremity which required prolongation of hospitalization. The recovery of one patient was complicated by an acute intestinal obstruction on a mechanical basis, and required further surgery.

Of our entire 2,000 patients only 9 developed wound infection in which positive cultures were obtained. Occasionally a patient showed a localized collection of serum—bacteria-free by culture—which was evacuated by hypodermic needle, and the wound then continued to heal by primary union.

#### Summary

A series of 2,000 unselected consecutive cases operated upon for appendicates, and with but one death, has been presented

Our standards of diagnosis, our own particular operative technic and postoperative management have been explained

#### Conclusions

Based on this single series alone, we urge

1 More attention to history, and less to physical findings and laboratory reports

2 Appendectomy on suspicion, rather than

on established diagnosis

3 The free exhibition of the sulfonamides in adequate dosage intraperitoneally with liberal use of the Wangensteen type of gastric drainage and of intravenous fluids

4 The adoption of an operative technic which makes appendectomy relatively safe and simple even for the tyro

#### "OUT, DAMNED SPOT"

No person need be told that he has "a spot on the lung" If the condition is as clinically insignificant as the term suggests, the patient should be told that he has a scar from a previous tuberculous infection—one that needs an occasional check-up or one that needs no further observation. Or when the diagnosis is certain, the patient should be told

that his lungs are normal — For, while "a spot on the lung" is often the obscured beginnings of destructive disease, it is, in other cases, the starting point for tuberculophobia and anxiety neuroses, conditions that are no less crippling and hardly more easily curable than tuberculosis itself—Max Pinner, MD, NTA Bull, Jan, 1945

#### SMOKING AND TUBERCULOSIS

HERBERT F SCHWARTZ, M.D., Salisbury Center

From the Pine Crest Sanatorium

MOST phthisiologists feel that smoking is harmful to the patient with tubercules is and the majority of them give this subject due deliberation in the course of treatment. Rules have been set up in sanatoria to discourage the practice, but because of the difficulty of enforcing such regulations the discipline is usually permitted to less.

It was felt that the subject is important enough to justify the time and effort needed to acquire a definite opinion Accordingly, a questionnaire was sent to a number of tuberculous sanatorium directors throughout the country The following

questions were asked

1 Do you think smoking is harmful to tuberculous patients?

2 Do you discourage your patients from

smoking?

3 What rules, if any, do you set up toward control of smoking?

4. What arguments do you employ to discourage the habit among your patients?

The answers were classified as accurately as possible with the following results

Question 1	
(a) Definitely harmful	13 (26 per cent)
(b) Harmful in excess	36 (72 per cent)
(c) Not harmful	1 (2 per cent)
Ouestion 2	I ( I por ours)
(a) Completely forbidden	8 (16 per cent)
	o (ro ba care)
(b) 1 Permitted on rec-	
ommendation of	14.000 ()
physician	16 (32 per cent)
<ol><li>Permitted but with</li></ol>	
out approval	20 (40 per cent)
(c) Not forbidden	6 (12 per cent)
Question 3	
(a) Advice	9 (18 per cent)
(b) Rules	
1 Certain places at	
certain hours	20 (40 per cent)
<ol> <li>Strictly forbidden,</li> </ol>	- ( 1)
on threat of dis-	
charge	7 (14 per cent)
3 Rules not en-	(11 per cont)
forced	11 (22 per cent)
	3 (6 per cent)
4. No rules	3 ( o per cent)
Question 4	
(a) Detrimental to bealth	

and appetite

and larynx

(b) Irritation to bronchi

(c) Fire hazard 4 (8 per cent) (d) None 7 (14 per cent)

Although more than 95 per cent of the men feel that smoking is at least injurious, less than 20 per cent of them feel that it should be completely forbidden. This is apparently due to the difficulty of enforcing rules which are so universally duregarded. We all realize how strong the smoking habit 19, in fact, most physicians themselves can appreciate the pleasure that a cigarette offers. On one hand, therefore, we have a habit which is usually long standing and well entrenched, and which offers the patient a great deal of mental relaxation, and on the other, we have only a belief that there is probably some benefit to be derived from denying the patient this pleasure which frequently becomes almost a necessity

Most phthisologists believe that inhalation of tobacco amake has various deleterious effects upon the appetite, tracheobronchial tree, and larynx, but the literature contains no very definite agreement among the various investigators

The complexity of the problem is enhanced by the number of factors involved, as regards the buman equation the various contents of cigarettes, such as tar products and bygroscopic agents, rapidity of smoking, inhaling or not inhaling, length of the cigarettes, and, of course, the nicotine itself. It has been shown that the temperature of the smoke is infinitely greater in a short stub than m a full length cigarette. It is also greater when smoking is rapid, or when the depth of the inhalation is increased.

The effects of smoking should be considered from two angles—the local and the systemic ef-

lecte

Local changes upon the respiratory system involve the entire tract, from the nasopharyax to the smaller branches of the bronchial tree and depend upon the following

Type of cigarette and tobacco

Type of hygroscopic agent
 Rapidity or frequency of "puffs"

4. Inhalation vs. puffing

5 Depth of inhalation

6 Length to which agarette is consumed

Use of eigarette holder and filter

 Presence or absence of "prominent points" or points of obstruction in tracheobronchial tree. Constitutional changes involve circulation, respiration, skin temperature, blood pressure,

1539

8 (10 per cent)

31 (62 per cent)

metabolic rate, oxygen consumption, and appetite These also would vary with the above-mentioned factors

One must not lose sight of the effects of withholding cigarettes from patients The more confirmed smoker suffers from a reaction which is equivalent to "withdrawal symptoms." This craving is probably enhanced by the attending circumstances, in addition to learning that he is ill and that he is to be confined for an indefinite period of time, the patient is denied the solace of a smoke To quote Head, "When one smokes, he is content to sit and do nothing else. He is stimulated physically, and soothed mentally Pressing problems and the worry and perplexity of existence can be put off momentarily while one withdraws behind his smoke screen comes out he is perhaps a little better able to rest than when he is keyed up and the mind is in a state less easily daunted However this works, it is certain that smoking weaves itself into one's whole scheme of life It is a pacifier, a stimulant, a temporary retreat One's whole psychology and physiology become dependent upon it"

## Tobacco and Smoking Variants

There seems to be no paucity of information on the general effects of smoking. The lungs constitute one of the largest and most rapid organs for absorption and it has been proved that drugs injected into them are absorbed more rapidly than by any route save that of the blood stream. Tobacco smoke contains micotine, 2-4 pyridine and pyridine derivatives, carbon monovide and carbon diovide, ammoma, aldehydes, hygroscopic agents, flavoring substances, cigarette paper, methylamine, methane, furfural, methyl alcohol, arsenic, carbolic acid, and prussic acid.

Of the many elements, mootine and tar are thought to be the most harmful Chapman<sup>5</sup> and Bastedo<sup>6</sup> consider that mootine is the only constituent of tobacco smoke which is present in quantities sufficient to exert harmful effects. It is the most characteristic component of tobacco and is a truly physiologic irritant. Mc-Cormick' feels that both mootine and tar are the most harmful, the first irritates not only the mucous membrane of the respiratory tract but it also acts on the nervous, circulatory, and gastrointestinal systems. Hiestand<sup>6</sup> states that the effects of cigarette smoke are due solely to absorbed micotine.

The quantity of nicotine absorbed and hence the quantitative effect of the smoking vary with

1 Inhalation vs nominhalation Bodnar<sup>9</sup> reported that 6 per cent of the nicotine is absorbed by nominhalers, and that 93 per cent is absorbed by "inhalers," none of which is excreted in the urine

- 2 Type of tobacco Domestic tobaccos<sup>10</sup> contain 2.5 per cent nicotine, while "denicotinized" cigarettes contain about 1.1 per cent
- 3 Number of cigarettes consumed It is estimated that each cigarette produces 11 from 13 to 37 mg nicotine in the smoke
- 4 Speed of smoking Burning a cigarette in five minutes produced ten times as much nicotine as burning one in ten minutes
- 5 Length of cigarette The last one third was found 10 to contain 16 per cent more nicotine.
- 6 Presence of filter This is a definite help because it strains out not only some of the micotine but also some of the tars
- 7 Smoking indoors This is more harmful than smoking outdoors because of the inhaling of the smoke-contaminated atmosphere in addition to the cigarette smoke itself

#### General Effects

- Gastrointestinal System -There appears to be pretty general agreement that the effects upon this system are deleterious Carlson and Lewis12 showed that nicotine stopped hunger contractions Meyers13 feels that the micotine itself is the guilty factor in smoke which irritates the gastrointestinal tract Mendenhall1 blames tobacco for loss of appetite, favoring of duodenal ulcers, carcinoma of the mouth, and chronic intestinal catarrh In a questionnaire conducted by Short15 among more than 2,000 healthy, ambulant individuals, there was an increase among smokers of 100 per cent in "heartburn" and in other digestive symptoms from 62 to 112 per cent
- 2 Metabolism—Cigarette smoking caused an increase in metabolic rate<sup>8</sup> of 82 per cent of the group tested, the average effect was 8 9 per cent elevation. The maximum effect was reached immediately in some cases and was delayed as long as forty-five minutes in others. The first rise was typically followed by a second rise reaching its summit about forty-five minutes later. One can readily see the effects of this on chronic smokers. On the one hand there is a constant "hift" which is probably one of the reasons for the habit, but on the other hand a rise in metabolic rate, occurring twenty or more times daily, would not be very desirable to a patient "on the cure"
- 3 Circulation —Hiestand<sup>5</sup> found an increase in heart rate in 72 per cent of the persons tested but it returned to normal in fifteen minutes Main<sup>15</sup> states that the heart rate and blood pressure did not return to normal for thirty to sixty minutes. Short's questionnaire was conducted in such a manner that the symptoms were not associated in the patients' minds with their smoking habits. There was a fifty per cent increase among smokers for palpitation of the heart

and a definitely increased tendency toward dyapnea on exertion Mendenhall also believes that tobacco raises the blood pressure and increases the heart rate

Nervous System .- The effect here is paradoxic To quete Head,1 "Smoking, as we have seen, stimulates the sympathetic nervous system and has certain sedative effects upon the cerebrum" It may be, too, that in larger doses the sedative effect gives why to a simulating effect or irritation. The constant rise in metabolic rate. should, in time, offset the pacifier action of the cigarettes Meny of us have noticed a decline in nervous tension that eventually occurs when amoking has been ubandoned.

Respiratory System - This should perhaps be considered under the heading of local effects, but some of the phenomens which occur are due to the nicotine absorbed into the system rather than to the local irritation. Main's found that the alveolar carbon dioxide was depressed for half to n full hour following smoking We should also mention here the increase in the prevalence of dyappea on exertion which Short found among

smokers

#### Local Effects

This term refers to the mouth and respiratory tract and is in the nature of a local mechanical insult to the mucous membrane, produced primarily by the heat and the tar of the tobacco smake. The tar, which is the product of the stems and yours of the tobacco leaf, contains12 nicotine, phenolic bodies, pyridine bases, and ammonia The heat of the smoke depends upon the length of the stub and the speed and depth of inhalation Rapid smoking may result in the smoke reaching the mouth at a temperature of 112 to 115 F 11

That smoke has a local irritating effect seems to be pretty well agreed McNally, Menden hall,14 Heffman,17 and Roffo16 all feel that the tar and tar products of tobacco smoke have a deleterious effect upon the mncous membrane of the upper respiratory tract. In fact, so irritating are these products that they are considered to be one of the culprits in the increase of cancer of the mouth and lungs. Roffors states that tobacco tars are very strong carcinoma producers, that they are the same form as the coal tars, and that they contain substances whose properties are very much like those of the hydrocarbons distilled out of coal, in their fluorescence and spectrometry A regular smoker consumes one kilo of tobacco smoke monthly, which means 70 cc of tar, in that way the average smoker loads in one year 840 cc. and in ten years over 8 liters of tar into his buccopharyngolaryngopulmonary membranes

Proets19 performed some experiments on rab-

bits The animals were placed in a emoke machino and made to "smoko" ten to twenty eigarettes per day At the end of the day the rabbits were killed and their heads split asunder in the midline and the mucosa inspected for deposits of tar The tar deposits were not generally distributed but were confined to the region of the upper turbinates and the septum opposite The nostril of the rabbit is wide and the most constructed portion of the passage lies just an terior to the stained area. The deposit of tar so produced etopped the action of the calia, probably by its mechanical presence and by the drying notion of the smoke stream

These experiments corroberate the observations of Roffo of the deposition of large amounts of tar and tar products upon the mucosa of the respiratory tract. On the other hand, the literature contained no papers which discussed positive clinical findings in smokers as opposed to nonsmokers Procts did start a clinical study but found a tremendous variation in the interpretation of the "normal mneesa" Several bronchoscopists, when questioned, stated that they could recognize no difference between the bronchial mucosa of the smoker and the nonsmoker Ballenger, in a discussion of Moyers' paper, states as follows "Two or three years ago we examined 200 or 300 young medical students to determine the relationship of the amount of smoking and any local evidence of irritation in the pharynx or nose as manifested by redness or inflammation of the mucosa or by hyperplasm of the lymphatic tassuo of the pharynx We were unable to find any correlation between the amount of smoking and these findings The absence of redness of the pharynx may possibly be due to the peripheral vasoconetricting notion of the tobacco smoke,"

It also may be that the changes are microscopic or physiologic and are thus rendered in visible on chnical examination

Crampton<sup>11</sup> states that irritation of the mucous membrane of the upper respiratory tract is of some, though minor importance Hewever he does admit that

- Smokers have more colds
- Colds last longer in amekers
- Sinus involvement is more frequent and persistent in smekers
- 4. Smokers' cough of chronic pharyngitis is common

Short,12 In lus questionnaire, found an increase of 300 per cent for cough nmong smokers Morton is feels that many amokers suffer from some degree of tracheobronchitis which under ordinary conditions may be nearly asymptomatic. but under certain conditions may lead to true

All of these findings are among normal people, with apparently normal mucosa When we consider the respiratory tract lining of persons with active tuberculosis, with large quantities of thick, viscid sputum and with actual tracheobronchial lesions which make excellent projection points abutting into the smoke stream, it is difficult to see how trauma can be avoided

A vicious circle is thus instituted, the inflamed mucosa produces a point upon which the smoke impinges, this in turn produces dryness and immobilization of the cilia which encourages implantation of bacilli and more lesions. This train of events doesn't necessarily occur in each case, but smoking should certainly be interdicted in a person with excessive sputum or a tracheobronchial lesion

#### Discussion

The problem is the same with tobacco as with alcohol

A sound individual may bear what for him is a moderate dose without injury Men differ in their response to tobacco as to other things, and this must be borne in mind when attempting to draw conclusions The physician must recognize the fact that smoking is a universal affair, that it has a very definite pleasure component, and that it is usually a longstanding habit.

The mere establishment of rules will not produce the desired effect, the patient must be educated to the dangers of smoking before he will be ready to yield a known pleasure for a doubtful advantage Rules are necessary, but they should be accompanied by frequent explanations of the raison d'etre

#### Summary

A questionnaire was sent to about fifty sanatorium directors to obtain their opinion concerning smoking Only 2 per cent felt that it was not harmful, but only 16 per cent had rules which ngdly forbade the practice Most of the men permitted smoking in certain cases or ignored the fact that the rules were being broken attitude is engendered by the fact that it is quite difficult to discourage patients from a habit of long standing in return for a benefit which is An examination of the of questionable value more recent literature leads to the conclusion that since smoking is harmful even to normal people it is bound to have a deleterious effect upon the respiratory tract of individuals who are suffering from tuberculosis

It is felt that the best approach to the problem would be a definite rule forbidding smoking with frequent explanations about the dangers inherent in the practice

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### EDUCATION IN TUBERCULOSIS CONTROL

No plan for tuberculosis control in industry is complete unless education on the subject is continuous and has been made a large part of the pro-There is much skepticism in some of the workers as well as in management of the value of educational measures Yet no one is willing to deny the insurmountable difficulties which obstruct efforts to prevent disease where ignorance of the dangers and of the protective possibilities exists. The objective is to impart information which will function practically in the immediate routine of our common daily life —T Lyle Hazlett, M.D., Ind Med., Mar., 1944

#### ALWAYS ESSENTIAL—GOOD HEALTH

When a nation goes to war, physical fitness of the young men of the country is a vital matter Fortunately or unfortunately, fitness in our modern civilization, though desirable, is not so essential. Whether a man can chin himself seven times, or jump two feet, is not so important, but maintenance of good health is important. We can recollect many examples of individuals who would be rejected for military service but have been outstanding in business, the professions, and the arts. These men and women have triump ed in spite of physical disabilties—Ed, Minn Med, Dec, 1944

#### PHTHALMIC GOITER ITS CONSERVATIVE TREATMENT

Bram, M D, Philadelphia, Pennsylvania

treatment of exophthalmic goiter is sung through a transitional phase that ventually place it in the field of internal ne. There are several reasons for this

The specific cause of the disease is still ua-

The cause does not reside in the thyroid this is attested by nearly all observers

"Thyroldectomy, though capable of n measure of practical success, is a good lve, but palliation is not cure."

The incidence of postoperative progressive lignant exophthalmos indicates that even argery appears to be contransdicated in a screentage of cases

The discovery of the effects of thiouracit to this measure as n notoworthy addition a armamentarium of the internist who as the responsibility of treatment of these is

#### Nature of Exophthalmic Goiter

exophthalmic goiter we here imply the syncommonly designated as Graves' disease,
's disease, Basedow's disease, hyperthymyth diffuse hyperplastic gotter, and
ry hyperthyroidism Since on occasion
led exophthalmic gotter presents neither
thalmos aor golter, this misleading term
d become obsolete

phthalmic goiter is not goiter, and the r we remove the malady from the classification of goiter the sconer will we approach reality cause and management. I would define es' disease as a general acureendorme dysco, of Insideus, rarely acute onset, chartised by aervousness, hypermotabolism, r, weakness, dermographia, afebrile tachya, a relative immunity to diachonism, and ly by thyroid hyperphasa and exophthal-

ophthalmic goiter and toxic adenoma are "different manifestations of the same dis"In 1913 Henry S Plummer' called attento the aced for differentiation, pointing out toxic adenoma is true hyperthyroidism. It is the experimposition of toxicity upon a loaging simple thyroid neoplasm of about fifyears' duration. It is therefore clear that, preparatory medical attention, toxic adea requires surgery. Thyroidectomy eradicates.

the cause of the symptomatology and the patien recovers unequivocally

On the other hand, is exophthalmic goiter, a pointed out by Warthia, Simpsoa, Moscheo witz, and others, we are dealing with a predis posing personality, the "Graves' constitution," requiring attention act to the lump on the aecl but to the individual as a whole. To put 1 simply, in touc adeaoma it is the thyroid tha makes the body sick, while in exophthalmic golte it is the body that makes the thyroid sick rolo of the thyrold gland per se in causation o Graves' avadrome is probably little, in symptomatology its role is usually considerable. It is this circumstance that causes the thyroid gland to become so often incriminated, when as a matter of fact the thyroid is more sinned against than sunning

#### Psychic Trauma in Causation

Predisposition alone is usually an unconscious quality, largely objective, typifying but not incapacitating the individual. It is pears that in the abseace of an exciting cause susceptibility may not tangibly mar efficiency and well being throughout a normal span of existence. Doubtless there are thousands of persons susceptible to exophthalmic golter who are going through life in an apparently aormal manner, oblivious to possibilities which would probably follow the occurrence of an exciting cause. In our series of cases reported a few years ago, approximately 90 per ceat presented a history of psychic trauma which significantly preceded the symptomatology

The term psychic trauma, based on the fear instruct, is applicable to situations in which, with or without physical injury, the mind has received an impact or shock from which it does not readily recover its former poise. The shock may result from a cause acutely, subacutely, or chronically operative

Just as some persons present undue sensitivity to drugs, foods, pollens, and temperature, so do those predisposed to Graves' disease react to one or another type or degree of psychle and environmental irritant. They appear incapable of satisfactory adjustment to adversity. In a situation in which the instinct of self-preservation is called upon to decide between fight and flight, the sensitive individual is singled out of the crowd to become the subject of exophthalmic gotter During a confiagration, an earthquake, a ship-wreck, or an aatomobile or train accideat, 99 out

ad by invitation before the Clinical Society of the New Polyolinic Medical School and Hospital, March 5, 1945.

of 100 persons may emerge from the harrowing experience to recoil to usual physical and mental health. One of them, however, quickly or gradually develops symptoms merging into the typical picture of "frozen fright" characterizing exophthalmic goiter. The eyes stare, the heart palpitates, there is subjective and objective trembling, the skin remains moist, insomnia becomes complete, emotionalism dominates mental existence, there is rapid loss of weight, and the basal metabolism rises. This form of psychic trauma (imminent danger to life and limb) is but one type of emotional insult elicited in the history of these patients.

While in many cases the first psychic trauma is regarded by the patient as the origin of symptoms, in others two or more such provocative experiences are held responsible in the history Occasionally three psycluc traumata may be experienced with apparent impunity, yet a fourth or fifth of another character appears to break down the remaining resistance to Graves' syndrome, constituting the "straw that broke the camel's back" For instance, a young married woman went through her first difficult childbirth Another pregnancy, several fairly successfully months later, terminated in a so-called "nervous breakdown" When, shortly after delivery, she became pregnant again, the intense apprehension resulted in a frankly outspoken attack of exophthalmic goiter Again, a young man, having after much difficulty settled himself in a promising business, in course of time became bankrupt and was obliged to secure a position of an inferror nature to keep body and soul together This blow he faced bravely and with fortifude But the loss of a parent shortly afterward led to persistent nervousness for which he finally sought medical aid The doctor relieved him of the major part of his complaints, then suggested the removal of his infected tonsils as a safeguard against recurrence of symptoms Within two weeks after tonsillectomy the patient began to feel unusually nervous and again consulted his physician, who now made a diagnosis of exophthalmic goiter Apparently the psychic trauma incidental to tonsillectomy was the "last straw" For those further interested in the subject of personality versus environmental maladjustment as it relates to the cause of Graves' disease, I would heartly recommend the perusal of Crile's masterly monograph, "Diseases Peculiar to Civilized Man," published in 1934?

When do symptoms assert themselves following an experience of exciting cause? This varies with individuals Rarely the syndrome appears almost at once, in which case we may be faced with the tragic picture of acute Graves' disease Ordinarily a period of weeks or months may

elapse, during which time the disease exists in occult form, and many errors in diagnosis are possible, chief among these being nervous exhaustion, neurocirculatory asthema, gastric ulcer, heart disease, paroxysmal tachycardia, anxiety neurosis and, occasionally, a psychosis. In some of these misdiagnosed cases, it is only after the appearance of thyroid swelling and eye symptoms that the true clinical picture becomes evident

#### Treatment

Unfortunately, the term "conservative" or "medical" treatment as apphed to exofithalmic goiter has been generally improperly defined. In most quarters it has meant rest and iodinization. This inadequate conception of medical treatment is responsible for the many failures from non-surgical attention and has been equally responsible for the popularity of thyroidectomy in this affection.

#### Infectious Foci

In our experience, focal infections in Graves' disease are usually coincidental rather than However, irrespective of causative unimportance, focal infections require correction When to remove infectious foci is a problem upon which may depend the prognosis and even the life of the patient Precipitous action is hazard-In a case of early Graves' disease, in a patient who faces the operative procedure with little or no apprehension, a tonsillectomy, for cuample, may be performed early with minimal reaction If the syndrome is well advanced, however, it is best to wait for marked improvement, as any added shock, whether it be emotional strain, tonsillectomy, or the extraction of a tooth, may convert a hopeful clinical picture into one of acute anxiety for all concerned

#### Rest

In the average case a rest program is not imperative Rest from undue physical and mental excitation, yes, but a prolonged stay in bed as an invalid is neither necessary nor desirable. Over 85 per cent of our patients are ambulatory and most of them continue their usual tasks during treatment. If, however, the heart is enlarged and arrhythmic, everything must subserve circulatory stability and restoration of cardiac reserve, and so the patient must submit to a preliminary period of inactivity, following which he is managed as an average patient. In all cases, regardless of type, an early-to-bed routine is imperative.

The fewer the visitors, the better Occasionally relatives, friends, or neighbors cause the doctor more worry than do patients Relapse may occur in a patient shocked by a well-meaning

neighbor who, to make herself interesting, had thought it best to communicate to the invalid the worst nows she could find

#### The Diet

Unless the nationt is obese (an uncommon circumstance in Graves' disease) ho must virtually ent his way to health Ten, coffee, condiments, spices, and alcohobe substances are forbidden Smoking, too, must be stopped Flesh foods may be given once a day Bread and buttor. cereals, the dairy products fruit, and vegetables should be taken in maximal amounts

A patient responding promptly should gain on an average of 6 or 8 pounds during the first month, after which an ny orage of a pound a week is quite satisfactory until the weight is restored to normal Commonly the discharged patient weighs 10 or 15 pounds more than before the inception of the disease

#### Drugs

In our experience, the drugs found useful in the management of Graves' disease are five in number quining, iodine (in minute doses), prostigmine, the barbiturates, and thiouracil

Quantine -In 19201-11 and on n number of occasions since, I called attention to the singular tolerance to quinine ovidenced by nearly 95 per cent of sufferers from active Graves' disease Depending upon the severity of the syndromo, these patients were able to take from 30 to 90 arains of the suifate or the hydrobromido a day without developing cinchonism When, within a few weeks of this medication, there developed a sense of roaring in the ears and it was necessary to reduce the medicament, we found that the symptomatology of the syndrome was ameliorated in parallel degree. And when normal intolerance to quinine appeared, the patient was usually symptom free. Aside from its use as n diagnostic test, the therapeutic value of large doees of quinino is gratifying The average dose given during the active stage of the syndrome is 5 to 15 grains two or three times n day Allergy to quinine was encountered in approximately 3 per cent of the patients, and it was for this reason that large doses were administered only under close control of the patient. As quinine is all but unobtainable since Pearl Harbor, we have been obbged to discontinuo quinine therapy "for the duration"

Iodine -- Iodino is too often abused, and in case of doubt it is best to omit this drug. If used, it is well to employ minute doses, as this would safeguard against the unfortunate lodine-fast status We favor an iodized calcium, not Lugol's solution Sajodin is an excellent prod-

This is calcium iodobehenato, best given in dozes of 1/2 to 1 grain daily in divided doses.

Prostiomine -- Recently we found that the oral administration of prostigmino bromide, though quite similar to esempo in physiologic effects, is superior to the latter in that it is more stable, and produces less myosis than eserino Prostremmo reduces the violence of the heart netion, reduces intraocular tonsion, and constricts the palpebral fissure. The effective close of prostigming is 1/2 to 1 tablet (71/2 to 15 mg) two or three times n day In the presence of diarrhea. sudorrhea, or severe sweating prostigmine is contraindicated Other contraindications are coronary disease and beart block, rather rare complications of exophthalmic goiter

The Barbuturates - The barbuturates stand foremost as sedatives and for the prompt relief of insomnia, but care must be exercised in the selection of the product and desage Barbital in doses of 2 or 3 grains three times n day or phenobarbital in one third this dosage usualiv serves the purpose well Within a few weeks these remedies may be gradually tapered down in decage as the patient improves generally, and

are finally discentinued

Thiouracil -Though n nowborn babe in chemotherapy, thiouracil is becoming a lusty voungster that bids fair to expedite the recovery of sufferers from Graves' disease. We are using thiournal in a series of 45 patients at present and find this substance of distinct value in eliminating the symptoms of thyroid participation This is apparently accomplished by a curbing or arrest of the synthesis of thyroid hormone within a fow weeks The so-called "chemical thyroidectomy" is apparently accompanied by an increased ontput of thyrotropic hormone by the enterior pituitary, causing the thyroid to become more hyperplastic, with a transient increase in its size, and occasionally an aggravation of the exophthalmos

Accentuation of thyroid awelling and exoobthalmos is neither constant nor permanent, these symptoms clearing up in course of time while the individual as a whole is under general attention. We are using thiouracil in smaller doses than do others, not as a mainstay to the exclusion of other measures, but as a supplement of considerable promise in the future. Along with one or more of the above-mentioned medicaments given in this series, we are administering thiouracil in tablets of 0.1 Gm, three times a day at first, and as the patient becomes symptom free and the basal metabolism and blood cholesterol reach normal, the daily dosage is reduced to two tablots. As mild hypothyroidism is approached, our dose is one tablet daily as the maintenance dose. Within a few months, the

drug, along with other remedies, can be withdrawn We find that the inclusion of thiouracil in the conservative management of exophthalmic gotter saves much time in the rehabilitation of these patients to normal existence thetically, I might say that these small doses of thiouracil were not accompanied by the many complications reported from its use in double or triple the doses herein mentioned Only one of our patients developed a mild maculopapular rash with urticaria on an initial dose of 02 Gm daily, taken for two weeks, and this disappeared within two days after withdrawal of the drug It would seem that the cause of most of the complications reported from its use is toxicity from overdosage I would be especially cautious in the administration of thiouracil to those whose thyroid gland is exceptionally large or whose exophthalmos is severe, and would warn against its use during an infection

#### Psychotherapy

Since exophthalmic goiter, or Graves' disease, is apparently a representative psychosomatic affliction, a word on practical psychotherapy is inevitable. But since the subject of human thinking may take us far afield of our topic, we must be brief. Psychotherapy (as in the case of the term "personality") cannot be clearly defined. Despite lack of specificity of concept, we feel that we know what the term implies, and we take this inner implication for granted.

The doctor assuming the responsibility of the management of a case of this sort must expect occasional emotional surprises and must have fairly successful formulas in dealing with them Also, the medical attendant must be willing to devote ample time to his patient and employ the necessary tact and warmth and paternal spirit in his efforts to eradicate discoverable maladjustments. At each interview, doctor and patient must leave each other in cheerful mood

Regardless of the religious inclination of the patient, attempts at adjustment of doubts and fears will do much to render therapeusis a lighter task. The assistance of a minister, a priest, a rabbi, or a wise family counsellor, as the case may be, may add solace to the troubled soul. Our hope is to assist the atheistic, the bigoted, the fanatic, and the confused into the fold of a healthy faith in God, in self, and in mankind. The serenity of mind and imperturbability resulting from the surrender of the emotions to an abiding faith may prove assets in the attainment of enduring recovery

In course of time the patient thus managed begins to see his environment less through the medium of his emotions and more through the calculation of logic. The formerly maladjusted individual is thus assisted toward attainment of emotional stability, which spells resistance to recurrence of Graves' syndrome.

#### Course Under Treatment

The course of clinical events in the average case of Graves' disease under conservative treatment as herein outlined is as follows: tachycardia is the first noticeable symptom to improve, the heart rate becoming normal within two or three months, as a rule, depending upon the severity of the syndrome Paralleling the heart improvement, the weight rises and the basal metabolic rate drops gradually to normal The behavior of the thyroid swelling is that of The typical hyperplasia with bruit gradually changes to the resting stage and the bruit disappears. In course of time, usually a few months, involution is completed ever, the thyroid may not reach normal size until after the individual as a whole has been enjoying normal health for several months of an evident minus metabolic rate, the shrinking of the thyroid may be expedited by the cautious administration of desiccated thyroid tremor usually disappears on the return of the basal metabolic rate to normal. If the exophthalmos' is mild, it disappears with recession of the basal metabolic rate. If severe, the exophthalmos may be the last symptom to go, and may even persist for a year or longer after general recovery, and constitute an embarrassing cosmetic problem during that time But eventually, with few exceptions, the appearance of frozen fright becomes a past event. We have had no incidence of post-therapeutic progressive exophthalmos

#### Duration of Treatment

Early cases require but several weeks of active attention. The individual duration of treatment depends upon the age of the patient, the duration and severity of the syndrome, the presence or absence of complications, and the degree of cooperation obtainable. Sufferers from severe Graves' disease commonly present myocardial fatigue with auricular fibrillation and in some cases circulatory decompensation with anasarca. Occasionally the basal metabolic rate exceeds +80 per cent. The duration of the symptoms varies from a few months to twenty years.

Taking into account the foregoing factors, our patients are discharged from active treatment within two to eighteen months of observation, the average being approximately 74 months

#### The Follow Up Method

Since 1910 we have been able to follow up over 3,000 cases of Graves' disease for periods varying from five to twenty-five years Approximately 78 per cent were females. The youngest patient was 21/2 years old, the oldest 78, both were females. The average age incidence was 32

During active treatment our nationis were observed at intervals of from once a week to once a month. Only 8 per cent were institutionalized. for an average of five weeks, then discharged

for ambulatory or home attention

When recovery was reached the follow-up period began Depending upon the distance from the patient's residence, he or she was requested to appear for examination at intervals of three months to n year, the average examination being once in six months. The patient was checked up subjectively and objectively in detail, with the weight, heart action, basal metabolic rate, thyroid, eyes, sense of well being, and endurance as indices of recovery

Of our series of patients followed up, 88 per cent were normal insofar as exophthalmic goster is concerned. The remaining 12 per cent, almost invariably severe or chronic cases at the beginning of medical attention, presented some sequelae, especially mild to moderate exophthalmos or cardiac manifestations, chiefly objective, which did not materially interfere with social or economic usofulness

#### Conclusions

In conclusion, I would state that under conservative treatment, coupled with fair cooperation of all concerned, the average sufferer from exophthalmic goiter need not remain an invalid. With reasonably prompt attention to individual physical and psychic problems, for a reasonable time, and usually without material curtailment of customary activities, such a patient can be restored to normal health and normal life expectancy without thyroidectomy

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#### A METHOD OF GIVING PENICILLIN BY MOUTH

Trisodium citrate, a sodium salt formed from citne acid, has been found effective in the administrario acq, has been found energive in the administra-tion of penicillin by mouth when given simultane-ously with the drug, according to studies reported by Paul György, M.D., H. N. Vandegraft, M.D., William Elias Ph.D., and L. G. Colio, B.A., of Philadelphia, F. M. Barry, M.D., and J. D. Pilchor, M.D., of Cleveland, in The Journal of the American M.D., of Cleveland, in The Journal of the American Medical Association for March 17

Penicillin is sensitive to acid and alkaline reaction and is easily destroyed by the gastric juices of the stomach. It is for this reason that the difficult administration by injection into a muscle or voin is necessary Where penicillin is taken by mouth, trisodium citrate acts as a buffer (any substance which prevents a change of reaction in solution) This maintains a balance between the scid and beso concontration, thus protecting the penicillin from chemical destruction and aiding its absorption in the gastrointestinal tract. The rate and degree of ab-sorption can be measured by the appearance of penicillin in the blood and the amount of penicillin excreted through the kidneys into the urine

"Trisodium citrate" the investigators report, "was found by Charney, Alburn and Bernhart to be a suitable buffer with the proper buffering range. Administration of trisedium d penicillin by mouth given two hours after breakfast resulted in appreciable increase of the urinary excretion of penicillin when compared with control experiments in which no buffer was used.

The figures for urinary excretion of penicillin given by mouth on a fasting stomach were only slightly increased by the simultaneous administration of buffer and were higher than in the experiments in which penicillin was given after breakfast

'Figures of urnary excretion of penicillin are not an accurate yardstick of the therapeutic effect penicillin might exert while passing through the body On the other hand, the fact that penicillin given by mouth appears in the unne proves that it is ab-

sorbed from the gastrointestinal tract.

"Gonorrhea offered the best approach for the therapeutic evaluation of penicillin when given by mouth. The rapid cure of genorrhea by injected peniculin gave a reliable basis of comparison If it is effective at all, rapid therapeutic effects would be expected after oral administration of penicillin. Even an unsuccessful attempt would cause no sig-nificant delay or harm and could be quickly followed by well-established therapeutic procedures.

They report that the majority of the cases of generates in this study was reasont to treatment by the sulforamides "In all these cases," they say, "cure was achieved in one to three days and with doses [by mouth] of penicillin which appear to be comparable to, and not out of line with, the to us comparate to a new to the principle of the construction. It appears, therefore, that penicillin, at least in combination with a huffer such as sodium citrate is an effective therapeutic agent against gonorrhea. even when given by mouth.

## REATMENT OF CHILDREN WITH CEREBRAL PALSY

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epartment for the Correction of Motor Disabilities, Neurological Institute)

INCE 1932, children with cerebral palsies have been receiving treatment in the Dertment for the Correction of Motor Disabilities the Neurological Institute One group of paents receives intensive treatment—that is, five eatments a week-and has the services of a acher supplied by the Board of Education of This is a carefully selected ew York City oup of children of normal intelligence whose lysical handicap is so severe as to preclude the ssibility of school attendance in any other The enrollment averages 18 hool group 1e other group of patients, averaging 100, is not Patients come for treatments highly selected ace a week, once a week, or less often About new cases are accepted each year Many paents remain under treatment for six to eight

In the development of the treatment program r these patients, we have found that, except r our own interest, we need not concern ourless to any great extent with many of the oblems of classification or the more obscure atomic alterations underlying the disability owever, there are certain basic neurophysiosic concepts without which it is difficult to preciate the objectives of treatment or to an a program to meet the individual handicap a given patient

In our experience, as in that of other workers, sind three predominating types of motor manistations which occur in the cerebral palsies and hich account for nearly all of the interference ith normal development of motor function hese are spasticity, involuntary movements, ind incoordination

Our present concept of spasticity is based on ie work of Hoefer and Putnam on the action stentials of muscles in spastic patients. Of the laracteristic reactions which they point out, the illowing are found particularly helpful in underanding and modifying the disability of the sastic patient.

- 1 There is no sign of innervation at rest
- The threshold for stimulation is low
- 3 The impulse tends to spread to inapproriate muscle groups
- 4 Motor-unit management is synchronous
- 5 The myotatic reflexes are greatly increased

According to these concepts, if the stimuli saching a spastic patient can be reduced suffiiently to permit a state of rest or relaxation, then there is no innervation of his muscles However, even a slight stimulus, eitlier an external stimulus or an internal or psychic one, is sufficient to set up an exaggerated response which spreads to inappropriate or even to all muscle groups. Sudden contraction in a flexor group sets up a myotatic reflex or stimulation of the corresponding extensor group which in turn stimulates the flexor group, with the result that the patient is unable to accomplish any voluntary action.

The extrapyramidal manifestations in our material are almost entirely confined to involuntary movements We have not found that our attempts to classify these involuntary movements have been very important in our program of re-The work of Putnam and Hocfer indicates that the action potentials in both chores and athetosis resemble each other and resemble normal movement They differ from those of normal subjects in that antagonists are in almost constant simultaneous innervation which may be either steady or irregular in either muscle Tonic fixations are produced by simultaneous maximal activation of all antagonist and synergist muscles of a region and not by a specific form of innerva-Periods of relaxation occur in which no activity is recorded

Our concepts of ataxia or incoordination do not differ materially from those commonly accepted

In addition to the motor manifestation, many patients with cerebral palsy have other congenital defects. Most observers have found the incidence of serious mental retardation to be between 20 and 25 per cent. Our case material shows a similar incidence but shows also that there is no correlation between the severity of the physical handicap and the likelihood of intellectual defect. We have had many patients with mild or moderate physical handicaps who were frankly defective and at least one patient so severely handicapped that he can sit erect for only a few seconds without support, whose I Q is above 140.

Congenital hearing defects occur in more than 10 per cent of cases of cerebral palsy. So far we have not been able to devise satisfactory methods of testing the various types of sensation—particularly proprioceptive sensation—in our patients. However, it is apparent that sensation is disturbed in many cases of cerebral palsy and that muscle retraining is infinitely more difficult when proprioceptive sensation is reduced.

The factors which may determine the produc-

tion of a cerebral palsy are still far from completely understood. It is rapidly becoming unfashionable to consider many, if not most, of these disabilities the result of actual physical traumn to the head during birth Analysis of 134 birth histories of our patients shows normal spontaneous deliveries with uneventful neonatal periods in over one half of the cases Of the cases in which forceps were used, an unfavorable presentation (posterior, transverse, or breech) was the indication in 75 per cent of the cases, and uterino inertin was the indication in another 10 per cent. Some degree of asphyma occurred in nearly one third of the cases. Signs indicative of intracranial hemorrhage occurred in 10 per cent of the cases

It is extremely difficult to evaluate these statistics, since we are all aware that some difficulty in delivery and some degree of difficulty in resuscitation occur in hundreds of cases without appreciable damage to the infant It is of some interest in this respect that of these 134 cases, 107 were discharged from obstetrie services at ten to fourteen days without any recognized variation from normal and without comment as to any complication Of the 27 cases in which comment was made in the discharge note, as to complication either of delivery or of noonntal period, definitely favorable prognosis was given in 10 cases, definitely uninvorable in only 6 Except for the cases of icterus gravis neonatorum, we were unable to discover any correlation between the degree of difficulty encountered either in delivery or in the neonatal period and the severity of the resultant disability

Since the inception of our program, we have found that adequate care of children with carebral palsy has called for a constantly widening viewpoint and includes intention to the emotional, social, and educational needs as well as the use of mechanical alds and orthopedic surgery whenever indicated

However, the cluef conservative form of treatment and the basic factor in the treatment program is corrective physical education. The therapists in this department are graduates of accredited schools of physical education and have graduate credit, proferably leading to a master's degree, in the field of romedial exercise. We believe that this educational background, which insures that the therapists are trained as teachers of physical education, have thorough familiarity with the technics of securing active cooperation from young children and of presenting the material in a form acceptable and understandable to children is an important factor in success with the child patient.

Programs of remedial exercise are individual for each patient and depend upon an analysis of the

motor patterns of each patient with determination of the specific manifestations which are present and the degree to which each manifestation interferes with voluntary action

During infinity, passive movement is used to prevent contractures. In treating the spastic patient, caution must always be exercised to perform each movement so slowly and with such steady pressure that the myotatic reflex is not excited. In instructing the mother in the teclinic of passive exercise, this point must be re-empliasized in teach visit.

When the child is old enough to understand instructions and to attempt to follow them, more active treatment is begun

Treatment of spasticity is begun by reduction of external stimuli to a minimum in order to produce a state of rest or relaxation. Every factor that will contribute to the mental or physical comfort of the patient is utilized. In small children, a sense of security from falling is often a prerequisite for relaxation so that we frequently pile pillows around the excress table or place n chair at the side of the tablo merely to reassure the patient. The spastic child may be supported in n small pool of warm water which is kept at a constant temperature. However, if the patient is npprehensive, the procedure will not promote relaxation and should be discontinued.

When the spastic patient has been put at rest or relaxation by external means, he is trained to recognize this state and trained in the technics of ritaining this state voluntarily. Of these technics, visual imagery and alternating contraction and relaxation are found most useful. In using visual imagery, we suggest to the child an appropriate object or situation which connotes softness, quietness, drowsiness, etc.—a rag doll, a pillow, a quiet pool, clouds, etc.

In securing voluntary relaxation of single muscle groups, we train the child first to contract the group strongly and then "let go". We focus attention on the "letting go" until the child is able to recognize and reproduce the relaxation

The spassic patient is next trained to attempt ample voluntary movements of large joints without movement of inapprepriate muscle groups. These simple movements are later combined in sequence to make useful motor patterns.

In reducing the interference of involuntary movements, we begin with the training in relaxation since it is commonly found that many patients with involuntary movements tend to maintain a state of contraction in an effort to suppress the involuntary movements. Association of voluntary movement with a well-defined rhythm is found very helpful in reducing the interference of involuntary movements. Music in 4/4 time may

be required at first, later counting, still later the rhythm may become automatic. Mental and visual concentration on the objective of the movement rather than on the moving extremity greatly increases the efficiency of the movement.

The treatment of ataxia depends largely on the visual orientation in space of the ataxic extremities. Placement exercises are graded with the patient first checking the movement by direct observation, next by observation in a mirror, and then by orientation with a fixed object.

Although these procedures may be described quickly enough, in actual practice, of course, the procedures are stretched out over endless months and years and we rarely come within close range of our objectives. However, to a considerable extent, our measure of success is dependent upon our understanding of these principles and our accuracy in analyzing the disability of an individual patient and planning his program. An important function of physician, therapist, or both is constant advice and guidance of the parent as to what motor functions can reasonably be expected of the patient at a given time

If intelligence is sufficient to permit cooperation, there are very few patients whose functional motor state cannot be improved patients improve so much that their eventual motor development is within the average range Most patients show a residual motor handicap The prognosis in regard to specific acts (in particular, independent walking) is complicated by many extraneous factors such as rate of growth, height, weight, etc Corrective physical education is least effective in reducing involuntary movements, more effective in correcting the functional results of either spasticity or incoordi-There is considerable reason to believe that further work in the field of neurosurgery will offer greater relief from the interference of involuntary movements

The degree to which the residual motor handicap interferes with the life adjustment of the patient depends to such an extent on social and educational factors that really adequate treatment of the cerebral palsy patient requires close cooperation of physician, qualified therapists, psychologist, teacher, and social worker

#### FLYING FOR FUN

For all doctors who would occasionally like "to get away from it all," we suggest flying We have tried about everything, and nothing before has got us quite so far away from medicine as this

One can go fishing, and alone, as one relatively is when fishing, he can still think about patients and stew about medical problems—scientific, economic, political, and all the other aspects. If he plays golf, and if his partners are doctors, as they are likely to be, the conversation is usually about "I had an interesting case the other day." The same is true of bridge parties, and even poker to a less extent Alone in a canyon, stalking the wary deer, or sitting in a duck blind in the cold gray dawn, he wishes he were sure whether Mrs Jones has an ovarian cyst or a tubal pregnancy. The doctor usually eats with doctors, and the conversation is medical. When most doctors write, they write medicine. Even when those about him are not doctors, he is usually engaged in medical questions, answers, and explanations, sometimes in heu of office visits

Flying along at an altitude of three or four thousand feet, relaxed—the modern airplane can fly itself

better than an amateur can fly it—with no telephone (and few patients or hospitals have two-way radios, and the plane need not have one), one can see the forests instead of the trees. Irritations that seemed big at the hospital, in the office or at the medical meeting, fade away in the bird's-eye view of the shades of brown and gray and green in the fields, the geometric patterns of the farms, the right angles of the roads, the long straight lines of the railroads, the winding courses of the rivers, the clouds not far above, or perhaps on a level with the ship, the smoke rising from factory chimneys far below, insignificant dots that are only insignificant people scurrying about on the ground, trains hurrying to get someplace else, the white snow peaks of the mountains, hundreds of miles of them

And for the too blase, those whom even these things would not transport into another world, we suggest some tailspins. We think there are few doctors who, in the process of tailspins, could think of anything else but tailspins. At least we have not been able to—as yet—Rocky Mountain

M J, Dec, 1944

#### PERORAL ENDOSCOPY ITS AID TO CLINICAL DIAGNOSIS

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(From the City Hospital)

PERORAL endoscopy is a general torm used when examination of the larynx, trachcobronchial tree, bypopharynx, esophagus, and stomach is made by means of electrically lighted tubes inserted in these regions by way of the mouth Practically all endoscopic tubes are bollow and rigid, with one exception—the enstroscope

The unusual interest in such organs of the larynx, tracheobronchial tree, esophagus, and bypopharynx has stimulated, as Chevaller Jackson' would say, "look and see" No more is the treatment of diseases in such locations a hit-and-miss procedure Of course, there are other clinical methods which are of paramount importance in diagnosis Suffice it to say, peroral endoscopy is not to be used as a substitute, rather as an adjuvant, to our armamentarium of diagnostic facilities. Howard Lillianthal's states, "The scope of bronchoscopy has rapidly widened from the mere extraction of foreign bodies to the diagnosis and therapy of many pulmonary lesions, such as abscess of the lung, tumor of tho lung, bronchial narrowing, bronchial ulceration, mapping of the bronchial tree, or roentgen ray demonstration and localization"

Clerf and Crawford's state, "Bronelioscopy has afforded opportunities for repeated direct observation of growths and for securing ample material for histologic examination, thus adding greatly to our knowledge of the life cycle of many of these tumors" They further state "From the standpoint of the clinician, it is desirable to arrive at fairly definite conclusions early if one is dealing with caraneoms of the bronchus."

A persistent cough, with or without hemoptysia, and a variable roentgen interpretation should be investigated by bronchoscopy Nonmalignant tumor formation, ulcerations, and crossons should be looked for Smears from secretion for organisms should be examined, particularly for the tubercle bacillus.

A word for the anesthesis used in peroral endoscopy. For the proper fulfillment, the three outstanding requirements for the technic are first, the patient's life must not be jeopardized, second, the endoscopic procedure must be performed quickly and expediently, and third, the procedure must be performed with the minimum of pain and discomfort.

In Jackson's Temple University clinic, the following procedure is followed 4

Premedication, as a rule, consists of an appropriate dose of morphine and atropine, and in especially apprehensive patients or in patients known to have a tendency to sensitivity to the local anesthetic drugs, a preliminary dose of nembutal may also be given, but this has not been routine. Sometimes a dose of nembutal is given the night before, and this dose is repeated in the morning. The usual dose of morphine is ½, grain of morphine sulfate for the average adult.

The incidence of malignant disease in the larynx is now a well known fact. Today everyone is on the alert for malignancy of the larynx when a patient past 40 presents himself with a chief complaint of boarseness. This is of special importance to both the patient and the laryngologist because intrinsic laryngeal cancer in its early stage is now curable in about 80 per cent of the cases.

The esophagus has not received the attention of the clinician as much as other organs in the body Perhaps the indefinite subjective sensa tions complained of are usually considered as bysteric or neurotic These patients are usually referred from one physician to another or from one clime to another with a loss of time that allows pathology to increase. When the dysphagm has become complete, then, and then only, would the patient receive conscientious attention. All diseases of the esophagus manifest themselves, sometimes early, in difficulty in swallowing-dysphagia Before this, bowever, there are complaints of indefinite sensations in the neck and these more often cannot be localized. Just such patients should be thoroughly examined by means of esophagoscopy and orcame disease be ruled out.

In the newborn, the occurrence of choking attacks and cyanosis when fluids are taken should suggest atream of the esophagus. Esophagos only is indicated in all conditions of esophageal disease requiring corroboration of the roentgen findings. It is also indicated in those patients with esophageal symptoms in whom there is reasonable belief that disease of the esophagus exists in the presence of roentgen findings.

Patients having a series of endoscopic treatments are generally not given any premedication after the first few times, especially if treated as

Read at the January 1945 Clinical Meeting of the Jewish Memorial Hospital, New York City

outpatients In this connection it is well to mention the "sermon on relaxation" which Dr Chevalier Jackson feels is perhaps more efficacious if not more important than a drug

For direct laryngoscopy and bronchoscopy in adults a 10 per cent cocaine hydrochloride solution is applied in both pyriform spaces Following this, 2 ec of a similar solution is instilled in the larynx by means of the Lukens syringe Subsequent anesthesia during the procedure can be applied by means of spray

For esophagoscopy in adults, a simple spray of a 10 per cent cocaine hydrochloride solution is used in the pharynx The patient is asked to gargle with the excess and then to expectorate it

In children under eight no anesthetic is, as a At this point, teamwork is perhaps of the greatest importance

#### Case Reports

Case 1 — P H, a woman aged 40, was admitted to the City Hospital July 10, 1943, and discharged September 15, 1943 On admission the chief complaints were hoarseness for the past seven months and a cough One year prior to her present illness she had a severe "cold," which was associated with The cough lasted three months and was followed by hoarseness wluch has persisted and has progressively increased

Several weeks before admission to the hospital her cough reappeared This had occasionally been accompanied by homoptysis The patient lost 10

pounds in neight

Examination on July 15, 1943, of the larynx by indirect mirror method revealed a large cushionlike ovoid tumor involving the interarytenoid area and extending down the posterior wall of the laryny By direct laryngoscopy on this date the tumor mass was removed en masse and the specimen sent to the laboratory for pathologic examination

X-ray taken on July 15, 1943, showed moderate dilatation of the ascending aorta and aortic arch There was accentuation of the pulmonary markings. especially in the right upper lobe, with a suggestion of localized infiltration in the subclavian region

On July 23, 1943, the pathologie report on the specimen removed from the laryny was "The epithelium is preserved. The superficial layers are edematous and infiltrated with polymorphonuclear leukocytes The deep layers also are edematous and infiltrated and have some macronuclei and In the underlying layer is extreme engorgement and diffuse mixed-cell reaction In the deep layer are some small focal areas of epithelioid cells, and a rare early grant cell and diffuse mild infiltration with polymorphonuclear cells The surrounding zones are heavily packed with lymphocytes

Diagnosis Chronic tuberculosis of the larynx On September 13, 1943, the sputum examination was reported positive for tubercle bacillus

Summary The case clearly illustrates the presence of an extensive tuberculosis of the larynx asso-

ciated with a lung lesion diagnosed by laryngoscopy

Case 2 -E P, a woman aged 50, was admitted to the City Hospital on March 2, 1943, and discharged August 11, 1943

On admission her complaints of three months' duration were weakness, anorexia, cough, backache, and fever

Examination of her chest revealed sibilant and sonorous rales in both lungs

For the next ten days she ran a subclinical temperature and expectorated a moderate amount of greenish sputum At no time was there any hemop-At this time the left side of the chest revealed moist rales from the clavicle to the fifth nb anteriorly, as well as in the axilla. There was diminished breathing and duliness posteriorly, but no rales

From x-rays taken on March 4, 1943, the report "Left lung—there is extensive mottling with irregular poorly defined confluent densities present from apex to base The heart is obscured by abnormal densities The right lung shows no cvidence of any gross changes"

Conclusions In view of the unilateral involvement of the left lung the possibility of a nontuberculous lesion must be considered Bronchoscopy is advisable for further information

On April 7, 1943, the sputum was positive for On June 10, 1943, a number 8 scope was passed. The traches tuberele bacıllı Jackson bronchoscope was passed and right bronchus appeared normal The mucous membrane of the left bronchus was congested and ırregular A biopsy was taken at a level just below the carma

The pathologic report on the bronchus biopsy "Specimen consists of a mass of granulation tissue with large component of monocytic cells and several grant cells

Diagnosis Chronic tuberculosis of the bronchus Summary A prolonged temperature, cough, and an x-ray report of a unilateral extensive lesion with a positive sputum still presented a problem spite of the x-ray findings, the roentgenologist requested a bronchoscopy Apparently his findings did not seem quite clear even though the sputum was positive Bronchoscopy with the visualization of the processes helped to clear up the diagnosis

Case 3 -W S, a man aged 67, colored, was admitted to the City Hospital April 2, 1943, with the following complaints cough, loss of considerable weight, and weakness of four weeks' duration gave no history of tuberculosis, diabetes, or kidney or heart disease During childhood lie lost an eye through an accident

During his stay in the hospital his temperature fluotuated between 98 and 102 F X-ray examination showed marked cavernous lesions of the right upper lobe and apex. A Wassermann test proved negative A sputum sample was sent to the laboratory but a report was not noted on the chart.

Chinically the case appeared to be one of bronchogenic carcinoma with secondary destruction and infection. Bronchoscopy was performed on April The findings were 8, 1943 the right main bronchus was normal except for a large national of mucopurulent discharge. The left bronchus was normal A smear taken from the right bronchus revealed tuberele bacilli. On April 18, 1943 the patient expired and postmortem examination revealed extensive pulmonary tuberculesis of the right lung.

Summary Here again one would rather lean toward a diagnosis of malignancy than tuberculous because of the age of the patient, no history of tuberculous and the x ray findings. Smear from the concentrated secretion from the bronchus will frequently give a positive sputum for the tubercle bacillus when an ordinary sputum will prove negative.

Case 4—H P, a man aged 65, was admitted to the City Hospital on November 20 1943, and discharged December 27, 1943 On admission the chief complaints were weakness, loss of weight, generalized pains throughout the entire body, and severo headachies.

His appetito had been fair, he denied use of alcohol and presence of any veneral disease. He

coughed occasionally

Physical examination revealed a white eldering man, filrly well neurabled but pale. His lungs showed no dullness but scattered rales were present throughout. The opegrounds on examination revealed bilateral papillederna. An x ray taken on Avamber 30, 1943, showed a triangular shadow in the region of the right hilum. Poorly defined, partly confluent round densities were scattered throughout both lungs, especially in the lower lobes. A cal cified gland was present at the left hilus. On December 3 1943, a bronchoscopy was performed. The larynx appeared normal except for some congestion of the mucous membrane. The trachea was displaced slightly to the right. The mucous membrane of the right main bronchus was congested. A hippey was taken from the right bronchus.

A report hy the pathologic department, subsequently returned was "Primary carcinoma of the bronchus.

monenus.

Summary. The bronchoscope here also helped to make a clinical as well as a pathologic diagnosis. Case  $\delta$ —J. R., a man aged 64 was admitted to the City Hospital August 10 1944, and released

himself Sentember 10, 1944

On admission the chief complaint was a choking sensation in the neck. There was no loss of weight. On August 16 1944, the x-ray report of the esophagus was "There is marked curving of the esophagus, especially in the region of the aortic arch. A diverticulum is noted in the region of the sorte arch."

Esophagoscopy was performed on September 6 1944 with the following findings a large saucer shaped pouch was seen on the poeterior wall of the coophagus about 2 cm. below the cricopharyngeal orifice. There were no ulcerations present The diverticulum was firm and fixed The mouth of the diverticulum was large and open The fundus was shallow and not capable of retaining much residue. The coophagus below this was normal

Summary It is in such a case as this that esophagoscopy is essential in order to study the nature and configuration of the diverticulum, and primarily to determine the future course of treatment. Case  $\theta \sim J$  M, a man agod 77, was admitted to the City Hospital on August 2, 1943 The chief

complaints were vemiting after meals for the past few weeks and difficulty in swallowing

\tag atudes taken August 3, 1943, showed
"There is a marked filling defect of the lower half of
the esophagus extending from the area of the bi
furcation downward Tho upper part of the

ecophagus is dilated"

Diagnosis Obstructive leanon of the midportion of the ecophagus most likely on a neoplastic basis,

On August 19, 1943, under 10 per cent cocaine hydrochloride local anesthesia, the esophagoscope was passed. The upper portion of the esophagus was markedly dilated, approximately four times tho normal lumen. At a distance of 44 cm from the anterior incisors there was found a dark red brittle mass involving the entire esophageal wall. A biopsy was taken from this mass.

On August 20, 1943, the pathologic report on the hiopsy from the esophagus was "There is a marked downgrowth of the rete pegs and the cells vary moderately in size and ahape of the nuclei with a tendency to hyperchromatism. The underlying atroma is heavily inflitrated with lymphoid plasma at the pathologic lesson in the esophagus was so advanced as to be beyond surgical help. A gastrostomy was performed on September 14, 1943. On September 22, 1943, the patient expired from bronchonneumonia.

Summary Peroral endoscopy definitely helped to make a diagnosis and assist the surgeon in deending what further course of treatment be instituted

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#### Conclusions

In this comprehensive paper the author has uttempted to show the following points. First. peroral endoscopy in the hands of a competent physician can prove to be an able adjuvant and very frequently the only definite method of making a real pathologic diagnosis Second, the surgeon depends greatly on the opinion of the endoscopist for help as to the extent of involvement of a lesion, whether it be in the lung or esophagus, so he may decide just what procedure he must pursue in order to get the patient well Third, to the chincian peroral endoscopy is of great help, particularly in questionable diagnosis or variable roentgen reports. Fourth, typical clinical material is described to illustrate endoscopy as a clinical aid in (1) tuberculous of the larynx associated with tuberculous of the lung, (2) pulmonary tuberculous with pneumothorax, bronchoscopy utilized to rule out carcinoma-(3) pulmonary tuberculosis, diagnosed by hronchoscopy, (4) bronchogenic carcinoma, (5) esophageal diverticulum, and (6) carcinoma of the esophagus.

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### LONGEVITY BECOMING COMMON

Longevity is a state desired by virtually everyone for the individuals are few who can view the possibility of their own death with equanimity several generations ago the number of persons reaching the moderately advanced age of 70 were comparatively few and, worse still, the newborn baby's chances of reaching adulthood were not too good. The high infant mortality of those days made the average age at death very low. Then medical science and greatly improved pediatric care began to save our babies, which materially increased the average mortality age, but still men and women were not reaching advanced age as often as they should.

Now the situation is changing. Not only is the average mortality age creeping steadily higher, if we exclude war deaths, but the actual number of men and women who reach 70 and above is increasing markedly. In 1942 we reached a peak year of longevity for the American people and the Statistical Bulletin of the Metropohtan Life Insurance Company has noted it in the following article.

The average length of life of the American people in 1942, corresponding to the mortality conditions then current, was 64 82 years, the highest on record to date. This new figure represents a gain of more than 15½ years since the beginning of the century, when the average length of life was only 49½ years.

In the white population, the average length of life of males increased by 15½ years since 1900, while the gain for females was somewhat greaternamely, 17½ years. Even at age 40 the average after-lifetime increased by 2½ years for white males and 4½ for white females. Among colored persons, too, the advance in average length of life was very appreciable, being 21¾ years for males and 23 years for females. However, there is still substantial room for improvement in this group of our population, for their average length of life in 1942—namely, 54¼ years for males and 58 years for females—was about the level of that for white persons more than two decades earlier. As compared with white persons in 1942, colored persons of each sex had an average length of life shorter by about ten persons.

Because of the high mortality in the first year of life, children who have attained one year of age have an even greater expectation of life than newborn babies

Thus the average for white and colored of

both seves, combined, at age one year in 1942, was 66 65 years, almost two years more than at birth In particular, white girl babies celebrating their first birthday have, on an average, 70 years of his before them. This means that the average age a death for these babies will be 71 years, exceeding the proverbial three score and ten. In fact, according to modern mortality conditions, the average age of death for all white females, once they have passed their first birthday anniversary, is greater than 70 years. Among white males, the average age at death will be greater than 70 only for those who have reached their 40th birthday.

A very large proportion of the persons now at work will live to the usual retirement age. Thus, age 65 will be attained by more than two-thirds of the persons now between 25 and 35, by almost three-quarters of those now 45, and by four-fifths of persons 55 years old. The number of years remaining after 65 is quite appreciable, for the average person it is 13 12 years, while for those in a state of health better than average the outlook is even more favorable.

White females in the first year of life had the exceptionally low death rate of 33 79 pcr 1,000 births, the corresponding figure for white males being 42 99. The rates for the colored were about 75 per cent greater than for the white in the case of females, and 66 per cent greater for males. For each race and sex group the mortality rates in the first year of life were down to less than one-third what they were at the beginning of the century.

Exceptionally low mortality rates, less than one per 1,000, were experienced by white males at each year of age from 7 to 12, by white females from 5 to 17, and by colored females from 8 to 10

Evidence at hand indicates that the record for American longevity established in 1942 was not equalled in 1943, and probably will not be in 1944. The advantages of our high standards of living and of medical care were still available to the general population in the first year of war. However, as the conflict wears on, there are increasing demands upon the civilian economy and upon the personnel devoted to the care of its health. It is to be expected that living and working under wartime conditions exacts its toll on the home front. Nevertheless, the current health and mortality levels are favorable.—

M. World, Oct., 1944.

## PLASTIC SURGERY UPON THE AXILLA IN CERTAIN CASES OF PERSISTENT BROMIDROSIS

KEITH KAHN, M D, New York City

"HE problem of hromidrosis, or "body odor," L due to fetid or offensive perspiration, while important from a social and esthetic viewpoint. has never received the attention that it deserves. Owing to the crowded living and working conditions brought on hy the war, this problem has recently become more than usually prominent It is the purpose of this article to direct serious attention toward the scientific correction of this annoying coodition hy means of the utilisation of plastic surgery The senes of cases observed hy the writer wherein plastic surgery was employed was confined to those patients among whom the hody odor from the axillary region was persistent and offensive and failed to respond to ordinary hygieme measures such as water, perfumed and antiseptle scaps, decodorants, and antisudorifics (astringents used locally whose main active ingredient is usually aluminum chloride)

In the present group, cases only of axillary involvement were considered because such cases are the most injurious to the economic and social life of the patient, and also because this group seemed to be the most amenable to surgical treatment. The milder body odors from the neasmouth, feet, vagina, propues, and in the skin—from the female patients during the period of menstruction—are excluded because they usually, to a greater or lesser degree, respond to normal hydraine measures.

Eller, in discussing body odor, states that normally the body has an odor which depends upon inherent factors in the individual and his race. In addition, certain extraneous factors such as migestion of foods and medicaments may, by physiologic action in the body, impart an odor to the hreath and to the normal secretions of the skin. Other incidental extraneous factors which may give an odor to the body are uncleanliness, poor mouth hygiene, and occupational and other cootacts. We are concerned only with the body odor caused by milodorous axillary perspiration

It has become generally recognized that the axillary odor in hromorous is due to the secretion from a special type of sweat gland known as the apocrine type. The ordinary sweat glands are classified under the heading "ecerine." The apocrine type of gland was first described in 1846 by Horner, who mentioned that these glands are especially noticeable in the Negro, although not peculiar to that race. Von Kollika\* remarked that these glands secrets protein and fat and more

nearly resemble the sebaceous than the sweat glands.

More recently (1922), Schifferdecker4 reemphasized the fact that the sudomparous glands should be divided into the apocrine, or "A," and eccrine, or "B," glands, which may be differentiated by size, development, location, and scoretory activity Way and Memmesheimer regard the apocrine glands as having secondary sex characteristics and stress the fact that they are absent before puberty and atrophy in old age Rahaudi\* found them enlarged in pregnancy and Locsche<sup>†</sup> during menstruction Other writers claim an increased activity during organi-Sutton's states that human beings as well as other animals are odorous io association with sexual stimulation

The appearing glands are found only in certain areas—the axillary region, aredia of the nipples, and the genital and pengenital, perianal, and sometimes abdominal regions.

#### Anatomy of the Sweat Glands

The sweat glands, coil glands, or glandulue sudomicrae, are modified tubular glands occurring in the integument upon all parts of the body except the margin of the lips, the glans, and inner surface of the penis (Sutton) According to Krause, they are most numerous upon the palms and soles, where he found 2,700 to the square inch He counted some 1.300 in like areas of the forehead and neck and 550 on the cheeks Their total number is said to exceed 2,000,000 authorities obtained a different count in definite areas, one giving the axillary count as 400 to 600 per sq cm in women and 500 to 800 in men. As a square inch consists of 10 45 sq. cm., this couot would have to be multiplied by the factor 10 45. giving an axillary count of approximately double the count previously noted for the palms and moles

Anatomically, there are two distinct divisions in these glands a body and an excretory duct. The body, which varies somewhat in size, is globular or flattened and consists of the complicated windings of a single, or rarely, a branched tube having a fairly uniform caliber. The secreting or glandular portion of the tubule is of somewhat larger diameter than the duct and is made up of a single row of rather flat columnar epithelial cells with granular cytoplasm and spherical nuclei. The bases of the secreting cells

rest upon a thin but compact layer of involuntary muscle, the spindle-shaped elements of which are arranged longitudinally Surrounding this layer is the membrana propria, which is supported by an external sheath of dense fibrous and elastic tissue

The glandular portion of the sweat coil is surrounded by a dense vascular network and supplied by nerves consisting of nonmedullated sympathetic fibers forming a plexus upon the membrana propria and supplying the secreting cells and muscle elements The duct has a smaller diameter than the secreting portion and It is lined with is little more than a tube ordinary pavement epithelium arranged in two rows upon a membrana propria resting upon a thick connective-tissue layer. There are no The duct runs upwards through muscular fibers the corrum in a spiral or undulating course, reaching the rete usually at some point between the papillae, where it loses the connective tissue sheath and is surrounded by prickle cells the stratum granulosum it resumes the spirilliform course, opening upon the surface by means of a rounded funnel-shaped aperture

The apocrine glands, modified sweat glands, are said to be twice as numerous in women as in men (Sutton)<sup>8</sup> and differ in their secretion from the ordinary sweat glands. They, together with the sebaceous glands and the hair follicles, are developed from already differentiated epithelium, while the eccrine glands develop from undifferentiated epithelium. The apocrine glands are found only where hair exists or has existed. They differ from other glands of the skin in that they are of reddish tint instead of yellow and extend more deeply, being found within the subcutaneous tissue.

The cells making up these glands are characterized by their great volume and manner of grouping, being united in groups which give a pitted appearance to cross sections of the axillary skin. Their size renders them easily visible to the naked eye (Way and Memmesheimer) <sup>5</sup>

### Pathology of Bromidrosis

According to Sutton, sweat secretion of an offensive odor may be due to functional disturbances or to alteration of the sweat after its excretion. The disorder may be general or local and is usually associated with hyperidrosis. The condition may be symptomatic or idiopathic, it may be due to sudoral excretion of urea Many localized forms of bromidrosis, he claims, are due to decomposition of perspiration after excretion or contamination with Bacillus fecalis. It is probable, he states, that chemical decomposition of the excreted fluid plays an important part, for the odor is most marked when sweat is not

allowed to evaporate promptly He agrees with the generally accepted opinion that odorosity of perspiration is largely due to the apocrine glands and that persons differ with regard to the general development and function of the apocrine apparatus, the odors being of variable strength as well as varying in one person at different times

Sulzberger and Wolf<sup>10</sup> maintain a similar view-point, stating that in bromidrosis the characteristic changes may be due to intrinsic factors as well as the action of micro-organisms (Leptothrix and other fungi) They add that in bromidrosis increases in the quantity of odoriferous substances normally secreted by the apocrine glands undoubtedly play a considerable role

Drake<sup>11</sup> states that the apocrine glands contain fatty substances which are or may become odoriferous due to the release of the lower carbon group of fatty acids such as caproic and caprylic (Others add butyric)

Marchiomm<sup>12</sup> as well as Levin and Silvers<sup>13</sup> have shown that a considerable difference exists between the chemical composition of the eccrine and apocrine perspiration. The former had a pH of 3 8 to 5 6 and the latter from 6 2 to 6 9 in the cases that they had observed

My own observations have lead to the conclusion that the offensive odor of the avillary sweat secretion may be due either to the alteration of the sweat after its excretion or to some functional disturbances of the gland itself which permits excretion of products usually eliminated through other channels. The possible influence of infections of the teeth and gums upon this condition was left to those doing dental research Likewise, the hypothesis of infection of the tonsils and sinuses being contributing factors was not seriously considered

It is the author's opinion that abnormally rapid chemical decomposition of the excreted perspiration is not an important factor in this condition, either where evaporation takes place very slowly or where B fetidum is present

In brief, the following observations have been made

- 1 It seems that the most logical theory is that the axillary sweat glands in certain individuals are in some manner persuaded to perform certain liver functions. The sebaceous glands do not seem to play any part therein nor to influence the condition
- 2 Persistent axillary body odors are far more noticeable and more pungent in the darker than in the lighter races. This is particularly true in Negroes, Syrians, and Armenians. However, this is not true of some of the Asiatic races, which seemingly have fewer sweat glands—this fact being particularly applicable to the Chinese and Japanese. Prevalence of this condition seems

to be about equally distributed between blondes and brunottes among the average American patients

3 Persistent body odor seems to be a condition and not a disease. This is evidenced by the fact that laboratory findings involving analyses of the blood and urine do not show any upprecuablo physiologic variations nor biologic changes

Persistent axillary odor appears to be a localised condition confined to the axillary sweat glands (or possibly the axillary appearing glands) because such patients may be entirely devoid of body odor from aweat glands in other regions of the body

The similarity of axillary body odors is noticeable among members of the same family However, thus is not as true in persistent cases as in milder cases which may be detected as evi-

dences of lack of normal cleanliness

The average offensive axillary body odor which persists regardless of hymenic measures is accentuated and becomes decidedly nausenting nfter intercourse, I e., only nfter the patient has completed an organi

In the series of cases under consideration, only one has been n case of hyperidrosis and that

was a possibly tuberculous patient.

The numberty of patients have been women among whom the number of sweat glands per

so cm has been below the average In one patient, the odor was so offensive that n dress worn five minutes by the patient and then hung up in a well-ventilated room still strongly retained the steach after twenty-four The patient had shaved the arm pits and had a bath an hour before wearing the gar-A complete examination, including laboratory work, was negative

Certain foods and drugs may alter the odor of the perspiration but not to nny appreciable degree (However, this does not hold

true in normal perspiration )

Nervous reactions and drugs which increased the amount of perspiration and thereby diluted its constituents, instead of helping matters, seemed to make the odor worse

The majority of the patients under observation were underweight and only one patient

was found to be decidedly overweight In one patient, a female, exceptionally

clean about her habits and person, the offensive odor was ascertained to be easily detectable over an entire office in which seventy-five other persons were employed

In the colored race, the frequency of this condition may run as high as 40 per cent, depending to some extent upon the climate. On the other hand, among average white patients the frequency varies between 6 and 10 per cent

### Plastic Surgical Operation for Bromidrosis

Inasmuch as all conservative treatment for marked cases of bromidrosis have been a failure and leasmuch as patients afflicted with this disorder suffer social and economic impairments due to this offensive condition, the writer has devised and carried out a plastic surgical resection of the larger axillary sweat glands with gratifying results

Hitherto, the hairy region of the axilla has determined the operative area but recently a more scientific approach has been given consideration That is, nfter shaving the axilla, the patient is given a small dose of potassium lodide (5-10 grains) Following this, the armpits are In five to fifteen minutes. dusted with starch free roding appears in the perspiration to form a blue discoloration The dark-colored area is then outlined on the skin with some dye or stain This area varies in shape among individuals and in the two sexes The prea in men is more in clined to be oblong, and in women, oval. The more limited the nrea, the greater the chance for complete relief, the more diffuse the glands, the more limited the result, for in these cases complete removal of the glands cannot be attained

After having determined the distribution of the axillary sweat glands, it is important to decide upon the method of closure of the operative wound as well as to determine whether it is ndvisable to excise the entire gland-bearing area Two factors must be borne in mind in this preoperative plan It must be possible to close the incision with a sliding akin graft, and this must be done without contracture or deformity of the axillary tissues If the gland bearing area is too diffuse to be excised without deformity, then it is advisable to recognize the operative limitations and remove only as many of the most netive

glands as is possible.

A general nnesthetic is preferable to a local in these cases, because sterilization of this area is difficult and even the mildest infections in the nrea cause extreme discomfort and inconvenience The anesthetic should be preceded by any of the recognized methods omployed to facilitate nneethesia

Any of the accepted methods of asersus and antisepsis used in the various hospitals may be employed Iodine and alcohol, however, seems to be a combination especially adapted to sterilization of the operative field in these regions. The iodine should be swabbed on freely and after it is dry it should be thoroughly removed with lodosla

The operation is begun by an incision previously planned as to scope, shape, and extent, so that it will permit wide and blunt dissection, The affected sweat glands are freed and excised

Care must be taken not to injure any of the many important structures of the axillary fossae, but all the gland-bearing subcutaneous tissue should be removed in order to eliminate the possibility of cystic changes The skin is then freed on all sides, still using blunt dissection in order to permit a precise employment of the "plastic closure pattern" preoperatively agreed upon rupted sutures of nonabsorbable material should be used, heavier material for tension wherever necessary and fine material where there is little or no tension

Subcuticular and mattress sutures contraindicated for closure in this operation because of the constriction and pressure that might separate the coiled portion of some of the sweat glands from their ducts, and thus induce Blunt dissection alone is also cystic formation used in this operation in order to eliminate the possibility of isolating any of the coiled portions of The closed incisions are the sweat glands covered with medium-sized pads wet with 70 per cent alcohol These pads are then covered with a dry dressing which is held in place by means of adhesive strips around the dressing and arm just below the shoulder and other strips traversing the armpits and shoulder The first change of dressing occurs on the fourth or fifth day and subsequent changes are made every other day or every third day until healing is complete small sutures are removed on the eighth to tenth day and the retention sutures on the tenth day

Healing in the avillary regions is usually slow If the entire gland-bearing area is removed, there is little need for postoperative care and treatment, but if only partial excision is performed then the surgeon must depend upon extensive undermining of the sliding skin graft to reduce the activity of the outlying sweat glands because of the surgical interference with their blood supply To diminish the activity of these glands further, it may be advisable to resort to very light dosages of x-ray These exposures should be extremely mild and a specialist should be ever mindful of the serious consequences resulting from x-ray burns in these regions use of the electric needle for the attempted destruction of any remaining offensive glands is contraindicated on account of the tortuous course of the glandular ducts Radium should be used to combat any keloidal tendency which may not be indicated preoperatively

In very severe cases in which total excision of the axillary glands cannot be accomplished by using a slide graft, a free skin graft may be As yet the author's experience has been limited to the use of the sliding graft Free grafts do not take well in the axilla, and pedicle grafts leave extensive scars

In conclusion, it is the opinion of the author that this plastic surgical procedure is a means of escape from social quarantine and economic isolation for a certain group of severely handicapped individuals In patients on whom total excision can be done, the affecting condition may be almost entirely relieved. In cases in which only partial excision is accomplished, the result may be considered satisfactory, especially if the surgical treatment is supplemented by x-ray and hygienic In the most diffuse cases in medicaments which the prognosis preoperatively was considered poor, the improvement was sufficient to justify surgical treatment

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### POSTWAR MEDICAL AND SOCIAL PROBLEM

Men returning from combat areas who have been unfortunate enough to contract tuberculosis will not take kindly to hospitalization and other restrictions when their ambition for years has been a return to normal living To provide proper treat-

ment for these men as well as protection for their families will be one of the difficult medical and social problems facing those responsible for tubercu-losis control—A J Chesley, M D, and D A Duke-low, M.D, Minn Dept of Health

### 1,500 CONSECUTIVE DELIVERIES OF VIABLE BABIES AT THE NORTH COUNTRY COMMUNITY HOSPITAL

ROBERT S MILLEN, M.D., Westbury, New York

(From the North Country Community Hospital)

S THE postwar period will undoubtedly A see the huilding of many hospitals and addi tions to present hospitals, it seems advisable at this time to make numerous hrief statistical studies in various types and sixes of hospitals to help in the postwar planning

For this purpose I am presenting a resume of 1.500 consecutive deliveries of viable babies at the North Country Community Hospital, from

August, 1941, to December 15, 1943

The North Country Community Hospital, located in Glen Cove, New York, is a general hospital of one hundred beds and twenty-five bassinets, with an attending staff of fifty nine, a courtesy staff of thirty-two, and a consulting staff of thirty-one physicians The obstetne section consists of five private, four two-bed semiprivate, two four-bed semi private rooms, and an eightbed ward service. There are two labor rooms, two delivery rooms, a large nursery with its subdivisions, and a premature nursery with three Davidsen incubators The operating-room suite is one floor above the delivery room, and therefore very accessible. Anesthesia is given by three nurse ancethotists, one of whom is always on duty The type of analgems used varies with the different men. While a combination of barhiturates, scopolamine, and rectal ether seems to be the type most commonly employed, an analgema of morphine with ecopolamine has been given in a small percentage of cases. A few patients, particularly with premature births, have been delivered with spinal or caudal anesthesia or pudendal block. A rule requiring a consultation on all major obstetric procedures and patients in labor over twenty-four hours is racidly enforced

Fifteen hundred consecutive obstetric cases were studied and are shown in Table 1, in which they have been separated into primiparae and multiparae and subdivided as to the weeks' duration of the pregnancy, the type of delivery, and the outcome as regards mother and baby were no maternal deaths and only twenty-eight fetal deaths

One baby survived of the 6 patients delivered between twenty-four and twenty-eight weeks. gestation. The patients whose pregnancy was between twenty-eight and thirty-two weeks resulted in a survival of five of the nine babies delivered Only one baby was lost out of the thirteen delivered after between thirty-two and

thirty-six weeks' gestation Several factors have helped to get the good results obtained with premature infants, namely, an adequate supply of Davidsen meubators, a special premature nursery that is on the main corridor and constantly passed by nurses, the frequent inspection of the incubators, the outer room for changing the oxygen tanks, etc., and a proper spirit on the part of the nursing staff They have been shown that good results can be obtained among prematurely born infants premature infants are fed by gavage after a fasting period of twenty-four hours. All care is given through the portholes of the incubators

The majority of cases, naturally, fell in the group of patients whose pregnancy lasted over thirty-six weeks. In this section of the chart, as with the previous one, the cases of pre-eclampsla, colampsia, and twins, also having been counted under the type of delivery, are not amin

counted in the grand total

The type of delivery used for toxemic patients is shown only for the eclamptic and severe preeclamptic cases in order to avoid a misrepresentatation It was impossible, from some of the histories, to ascertain whether a patient should be considered mildly pre-eclamptic or not. One prunipara, admitted to the Hospital with severe toxemia and convulsions, was delivered by cesarean section at thirty-two to thirty-mx weeks Both mother and baby did well. One toxemic primipara who was delivered by cesarean section and developed convulsions postpartum was in the thirty-eax plus-weeks' duration group Two primiparas with severe pre-eclampsia in this same duration group were delivered by Two multiparas with marked precesarean eclampata were also delivered by cesarcan. It is interesting to note that of 3 patients near term with convulsions, and one between thirty-two and thirty-six weeks, all mothers survived and only one baby was lost, and that one was delivered spontaneously Another stillbirth was associated with a spontaneous delivery of a pre-eclamptic patient.

The highly satisfactory results with primiparous breech cases at term may be due to the fact that no baby was over 8 pounds. Two weighed between 7 pounds, 9 ounces and 7 pounds, 11 ounces, and 3 between 7 pounds, 6 ounces and pounds, 9 ounces. Most of the babies in breech presentation were extracted after the

TABLE 1

=======================================							36.34			
Length of Pregnancy in Weeks	Type of Delivery	Mother and Baby Well	Viother Viorbid, Baby Well	Mother Well Babs Dead	Morbid Baby Dead	Mother and Baby Well	Mother Morbid, Baby Well	Mother Well Baby Dead	Mother Morbid Baby Dead	Total
24 to 28 28 to 32	Spontaneous Spontaneous Low Forceps Breech Section	2		4 2 1		1 2 1		1		6 5 2 1 1
32 to 36	Spontaneous Low forceps Breech Section *Eclampsia *Twins	1 1 3 1				5 1 1	1	1		6 1 3 1*
Jt,	Spontaneous Low forceps Midforceps Breech Version	372 228 28 13 1	3 7	3	1 4	645 56 5 20	} 2	1 1 1	2	1,030 324 38 39 0
	*Pre-eclampsia *Eclampsia *Eclampsia *Twins	19 1 2		1		15 1 7	1	1		324 38 39 6 35 6* 3* 10*

<sup>\*</sup> Not counted in grand total as these cases are also counted under type of delivery Cesarean incidence—2 6 per cent. No maternal mortality

presenting part had protruded through the vagina

The increased fetal mortality through midforceps is shown by the four fetal deaths in the twenty-eight primiparas so delivered. The increased fetal mortality and maternal morbidity from version extractions are likewise indicated.

Of the twenty-five morbid cases, the reason for the morbidity arose from the uterus in 17 cases, from the breast in 5, from the upper respiratory tract in 2, and from urmary causes in one A temperature greater than 100 6 F on two successive days was taken as an indication of morbidity. The cesarean sections are not classified as morbid, due to the fact that nearly all of them had a slight operative fever, as expected

TABLE 2 -FETAL MORTALITY

Primipara		Viultipara	===
Spontaneous			
Prematurity	6	Difficult shoulders	,
Toxemia	1	Diarrhea	1
*Severe anemia of new- born — repeated			•
transiusion	1	Premature	
_	•	Eclampsia	2
Pneumonia	1	Pre-eclampsia	1
Low forceps		, , , , , , , , , , , , , , , , , , ,	1
Abnormal position	1		
Section			
†Erythroblastosis Prematurity	1		
	1		
Midforceps	4	Arm and cord prolapse	1
Version		22-5	3
Breech		Prematurity	۰
			1
			1

<sup>\*</sup> Next bab; was Rh negative and was given Rh negative blood † Previous transfusion.

includes not only stillbirths but any baby that died during the mother's stay in the hospital Under the type of delivery is indicated the probable cause of fetal death There are two particularly interesting cases in this group baby died with severe anemia, several transfusions were given before it finally died that time no attempt was made to ascertain the baby's Rh There was a subsequent pregnancy and another baby who was quite anemic this time it was ascertained that the mother was Rh-positive, the father Rh-negative, and the baby Rh-negative The baby was given transfusions no two occasions with group O Rh-negative blood and did very well There can be some speculation as to whether the first baby was treated too late, or it may also have been an Rh-negative baby and three transfusions may have set up a sensitivity and reaction to injected blood second case concerns an erythroblastotic baby who died three days after delivery from a primipara Careful study of the patient's old record revealed the fact that she had received a transfusion ten years before, following an injury, with blood from her father A recent test of his blood shows it to be Rh negative This Rh-positive erythroblastotic baby, therefore, had no preceding factor to sensitize its mother

Table 2 shows the reason for fetal death, which

Table 3 presents the cesarean section cases with the indications for cesarean and the outcome as regards mother and baby, classified under the weeks' duration of the pregnancy. The incidence is 2.6 per cent. Cesarean section was done for threatened uterine rupture in a patient whose pregnancy was between twenty-eight and thirty-two weeks. This pregnancy was complicated by

TABLE 3 .- INDICATIONS FOR CERABEAN BECTION

	Len	gth	of Pr	egna	ney i	n W	reka
	28 to 32		a 36				Mother
	Well Baby Dead	131	nd iby ell		and Baby Well		Well, Baby Dead
Type of section	С	О	LF	C	LF	Ēz	C
Indications Previa Disproportia Uterine inertia	-	ΡĮ	PI	M7	P3		Pi
and rigid cervix Toxemia		Pl		P3 P3 M2	P1 P1	114	
Elderly primipers Threatened uter ine rupture	Pı			Pi			
Previous section for previa Previous myomettoms				MI	PI MI		
Provious vaginal plastic operatio Abnormal posi- tion	n			P2 M1	MI		
Psychosis				MI			

C - Classical if F - Low Flap Ex - Extraperitonest.
P - primipara, V = multipara, 29 Sections—no maternal deaths 2 fetal deaths.

intestinal obstruction. The premature bahy lived fourteen hours

In the thirty-two to thirty-six week group there was one classic and one low-flap cecarean for placenta previa and one classic cesarcan for toxemia

There was a definite increase in the group of patients whose pregnancy was over thirty-six weeks' duration, as indicated on the chart. In this group there was one extraperitoneal section upon a multipara whose previous pregnancy had been twenty years before. It was felt by her

TABLE 4 -PERSISTANT POSTERIORS

								_
	Spontaneous	Manual Rotation and Forcepa	Low Forceps as	Version	Low Forceps, Ro-	Midforceps as Pos- terior	Midforceps, Rota	
Primipara Multipara	9 B	1 2	13 0	0	3	5	5 0	

obstetrician and the consultant, since she had delivered previously and that her labor was of a poor character, that with rest and sedation and. if necessary, some stimulation, she might again deliver spontaneously However, when she had been in labor for forty-two hours with ruptured membranes for thirty-six hours and was febrile for at least twelve hours, without making any definite progress, it was deemed advisable to do an extraperitoneal cesarean. The indication for one was psychosis. Sterilisation was performed at the same time. It can be seen that some physicians still prefer to do the classic type of cesarean section, in spite of labors of twenty-four hours or more However, these patients were not februle and the membranes were intact.

Table 4 shows the types of delivery utilized to handle persistent posterior positions

The patients who had serious bleeding and questionable diagnoses are handled by x ray studies and by pelvic examination in the operating room, which is set up to proceed with a cesarean if that is indicated

#### PENICILLIN

With the appearance of penicillin on the general civilian market, it will doubtless be widely proscribed for the many infections which it benefits Among its extensive fields may be the veneral discases.

It is remarkably active against the gonoconand apparently also against the spirocheto of early, secondary, and late syphilus, as well as in congenital syphilis and syphilus of pregnancy. A timely article by Blake 1 of New Haven differentiates the activities of the sulfonamides and ponicillin.

The sulfonamides are of value but not penicillin, he says against such infections as those of the colon bacillus, dysentery Homophilus influenzac, Friedlander's bacillus, and Ducrey's bacillus. In syphilis, yaws, and possibly other spirochetal infections and gas gangrene, penicillin is of value but not the sulfonamides. In conditions where both

1 Blake Francis G J.A.M.A. 127: 517 (March 5) 1948.

substances are more or less effective, as agunst the pneumococcus, streptococcus, memngococcus, and gonococcus he feels that the greater case of ad gonococcus he feels that the greater case of ad ministration of the sulfonamides will keep them in the lead. They, of course, may be administered hy mouth while penicillin must be injected at usually throc-hour intervals making any prolonged main tenance of high blood concentration of penicillin somewhat inconvenient. Biske considers penicillin more effective in many staphylococus infections.

More recently Gyorgy<sup>1</sup> and associates have announced that penicillin may be administered by mouth with a buffer sait (trisodium citrato) to prevent its destruction by the acid of the stemach. The effective desage was comparable to those used parenterally

<sup>&</sup>lt;sup>1</sup> Gyorgy Paul, Vandegrift, H. N., Elias, W., Colio, L. G., Barry F. M. and Pilober J. D. J.A.M.A. 127: 630 (March 17) 1945—South, M. J., April 1945

### ELECTROSHOCK THERAPY IN PREGNANT MENTAL PATIENTS

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(From the Department of Psychiatry, the New York State Psychiatric Institute and Hospital)

electric shock therapy, it nevertheless has found wide application. Comparatively few ill effects have followed its use and the mortality rate is very low. It has been applied to aged individuals and to those suffering from marked hypertension and cardiovascular disturbances. Other complicating organic disturbances have not been deterring factors in the use of electroshock. The question occasionally arises, however, as to whether electroshock can be given to psychiatric patients who are pregnant. We have seen no reports in the literature to answer this question.

Recently we have had the occasion to treat two pregnant psychiatric patients with electroshock therapy. One was three and a half months pregnant and the other seven months when electroshock was initiated

### Case Reports

Case 1—P K, a 33-year-old married white woman, was admitted to the Psychiatric Institute with a diagnosis of manic-depressive psychosis, depressed type. There was a history of repeated attacks of depression beginning nine years prior to admission.

The patient's father was stern and quarrelsome, her mother ill-tempered and quarrelsome. The parents bickered often and the atmosphere at home was one of tension and animosity. A brother died in a mental hospital with a diagnosis of hebephrenic schizophrenia. Another brother required psychiatric care during a depressive episode.

The patient was an unwanted child At the age of 2 she had pneumonia accompanied by convulsions Enurement persisted until the age of 5 Menarche took place at the age of 12 The patient lived in considerable fear of her mother, who frequently spanked her She married at the age of 26, against the strong objections of her mother and sisters, and a month later became pregnant Labor was difficult and was terminated by a version and breech extraction. There was no unusual reaction following the pregnancy During the intervening years she had four depressive episodes, often attempting suicide

Her recent attack of depression occurred three months prior to admission, at which time she was two months pregnant. Physical examination revealed no gross pathology. Laboratory findings were within normal limits. A urine pregnancy test was positive on the Friedman modification. The patient would not cooperate for psychotherapy, insisting upon electric shock therapy. The possible dangers to the fetus of this therapeutic procedure

were discussed with the patient and her family who, nevertheless, insisted on this form of treatment.

With the patient three and a half months pregnant, a course of electroshock therapy was insti-She had six treatments which resulted in five convulsions and two petit mal attacks refused further treatment. Now no longer depressed, she appeared cheerful, amuable, and optimistic as to the future and was said by the family to have returned to her premorbid level There were no complaints referrable to the pregnancy and no signs or symptoms of gestatory dis-She was now in her fourth month of preg-A month later she was discharged from the hospital and was considered as recovered followed in the antepartum clinic of Sloane Hospital and at term she was delivered of a boy baby weighing 3,270 Gm after a nine-hour labor. No abnormalities were detected in the infant and delivery The postpartum course was satiswas uneventful factory and the baby's progress in the hospital was normal

Case 2 -- A L, a 27-year-old married white woman, was admitted to the Psychiatric Institute with a diagnosis of psychoneurosis-conversion There was a large depressive component. hysteria The early years of the patient's life were marked by bitter quarreling between her parents because of her father's infidelity Later the mother took a The patient was aware of all this An older sister had ulcerative colitis and an older brother was single, unhappy, and given to outbursts of temper The patient, the youngest child in the family, stated that as far back as she remembers, she was much concerned with her appearance and often looked at herself in the mirror Menarche occurred at 12 and at the age of 15 she began going with boys, had many dates, and petted freely She completed high school and began working at 171/2 years of age as a typist She married at 21 Her husband was irresponsible, gambled considerably, and was constantly in debt. The patient was frigid in her sexual relations with him At the age of 25 she began an affair with another man who constantly praised her beauty and intelligence With him she experienced orgasm in coitus. She became extremely dependent upon him About eight months prior to the patient's admission, he abruptly left her Following this the patient became depressed and evidenced marked anxiety about a change in her facial appearance. She claimed that she looked older, her skin was coarser, and that she had fine wrinkles about her eyes She peered into the mirror many times daily to confirm this deterioration of her beauty Insomna became marked and she developed anorexia with weight loss

On admission she was found to be about five months pregnant. Physical examination revealed

Laboratory findings were no gross pathology within normal limits X-ray of her abdomen rovealed faint shadows of n fotal skoleton of approximately five months' gestation in cephalic presentation. For a period of two months following admission the patient was given psychotherapy with very little change. She continued to be depressed and complained often of her facial changes. When she was about seven months pregnant, a course of electroshock therapy was instituted. She had ten treatments which resulted in ten convulsions There was no particular change in her mental condition and no signs or symptoms to indicate any effect on the normal progress of her pregnancy. An nn alytic form of psychotherapy followed the electroshock and to this the patient responded fairly well. At term and with the onset of labor sho was transferred to Sloane Hospital. Here after n labor of twenty-one hours, she spontaneously dolivered a live, normal male infant weighing 3,470 Gm abnormalities were detected in the infant and delivery was uneventful. There were no unusual manifestations in the postpartum period and the progress of the baby was normal

#### Comment

It is an interesting phenomenon that olectroshock, which produces such marked muscular contractions in the strinted musculature of the extremities, has very little influence on the heart muscle or on the smooth musculature of the internal organs. The effect of the convulsion on the heart muscle is a surprisingly limited one, which explains why this treatment can be used even in people with some heart involvement. Morhid gastrointestinal manifestations in connection with electroshock are equally rare. Some nausea and occasional vomiting occur, especially

if the treatment is not administered on an empty stomach But usually there are no contractions in the stomach or bowels in any way comparable to the tonic-clonic manifestations in the etriated Incontinence of urine and fecca is also a rare occurrence, indicating that contraction of the ureter and bladder are, again, infrequent They are much less common in these artificially produced convulsions than in cases of epilepsy The uterus apparently behaves in the same way as the above-mentioned smooth muscle organs It does not contract during an electroconvulsion Abortion and premature birth are known to occur in some epileptics, but they are quite rare considering the large number of epileptics who are pregnant and give birth normally to children The circulation is seemingly very little affected in the pelvio organs during electroshock and for that reason the circulation of the child also remains unaffected Theoretically, it would seem possible that anoremia caused by the convulsion would affect the child with subsequent impairment in the nervous system, but apparently no anoxemia was observed in these infants and no manifestations of asphyxia could be seen after delivery

#### Summary and Conclusion

Two pregnant patients with mental illness were treated with electroconvulsive therapy. One was three and a half months pregnant and the other seven months. There was no miscarriage or premature labor and no ovidence of asphyxia of the ohildren. Electroshock does not seem to have any chincal effect on the smooth muscle of the uterus.

#### 'DISCOVERY" IN RESEARCH

The popular idea seems to be that an investigator sets out with the intention of making a particular discovery, such as a new element or a cure for a certain discoase but every scientific worker knows that real discovery, as distinct from invention, is never achieved in this way. A discovery is the process by which an idea of new relationships is revealed. The origin may be a chance observation which suggests a batherto unappreciated relation and leads to the formulation of a hypothesis which if possible, is then deliberately tested by experiment. The his-

tory of the discovery of insulin may be given as an illustration. The fundamental discovery here was

made by chance observation that removal of the

panereas produced diabetes, from that time on ward it was evident that if the missing panereatic function could be roplaced a oure would be possible and it was justifiable deliberately to search for some means of doing this. But the search was in valu until snother new idea came into physiology by reason of the discovery of autacoids. From this point on, all was clear in theory and it is no detraction from the merit of subsequent work to say that the final happy result depended principally upon inventive technic and manipulative skill and only in a leaser degree upon discovery. Discoveries are infrequent, and they mostly come out of the fullness of time.—

C A L. Evans in Menial Hypene, March, 1945

### UNUSUAL FOCAL INJURY TO SPINAL CORD

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(From the Surgical Service of St Joseph's Hospital)

AN UNUSUAL injury to a minute portion of the spinal cord prompts us to report this case. An icepick thrust at the level of the seventh thoracic vertebra in the right paravertebral region resulted in the involvement of only the fibers of the decussated spinothalamic tract with resultant somatic sensory loss.

### Case Report

A single, colored man of 21 years was admitted to St Joseph's Hospital on September 13, 1943

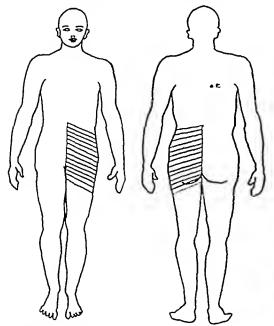


Fig 1 The shaded area indicates the complete loss of affective sensibility (pain and temperature), with retention of discriminative sensibility (tactile, loint, and vibratory sense) There was no involvement of any somatic motor component E shows the site at entry of the icepick

His history stated that he was stabbed in the back with an icepick during a free-for-all. He immediately complained of some numbness in the fingers of his left hand and a heaviness in his left leg with an inability to walk because of this heaviness. He had to be carried to the hospital

The abnormal sensations in his left fingers and left leg disappeared very quickly. About two and a half hours later his only complaint was of heaviness in his left lower abdomen and flank. Neurologic examination then revealed the dissociated type of disturbance in critical sensibilities with no motor disturbance.

X-ray of the lungs was negative X-ray of the dorsal spine for possible bony spicule was negative Lumbar puncture revealed no increased pressure and no gross blood. The chemistry of the spinal fluid showed 1 plus albumin and a faint trace of globulin. The cytology showed many red cells and an occasional polymorphonuclear leukocyte.

The patient was discharged on the eighth hospital day, his condition being the same

### Summary

Report of an unusual case of focal injury to a minute portion of the spinal cord (spinothalamic tract, decussated fibers) resulting in contralateral dissociated disturbance of critical sensibilities

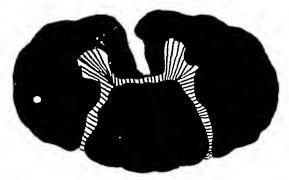


Fig 2 Cross section through seventh thoracic segment showing location of injury to spinal cord

# SULFONAMIDE-RESISTANT GONORRHEA IN PREGNANCY TREATED WITH PENICILLIN

BERNARD L CINBERG, M D, New York City (From the New York Polyclinic Hospital)

Mrs K. F, a 22-year-old nullipara, was first seen by me on November 6, 1943 Her last menstrual period had been April 22, 1943, and she was certain she was pregnant.

Physical examination revealed a healthy, young white woman with no constitutional defects. She was found to be six months' pregnant, the size of her uterus corresponding to the duration of her

A fetal heartbeat was audible in thu amenorrhea

left lower quadrant.

The solo ebnormal finding in her examination was the presence of an extremely profuse vaganal discharge It was greenish in color, foul smolling, and scemed to be typically Noisscrian in character Further questioning elicited the information that this discharge was first noted soon after the meep-tion of the pregnancy A cervical amear and culture were positive for the genococcus. The Wassermann was nemative

On November 16, 1943, she was given a course of 30 Gm. of sulfathiazole. She ingested 5 Gm of the sulfonamide and 10 Gm of sodium blearbonate daily for an days. The only untoward effect was moderate nausea during the first two days of medication. A cervical smear was found positive for the oisserian organism two days after the sulfonamide course had been completed A culture was not taken, since there was no chinical improvement.

A course of 30 Gm of sulfadiasine was started on November 23, 1943 It was given in the same manner as the sulfathingole but it was else clinically Ineffective. The discharge was unchanged in amount color and odor A smear taken on Noamount color and odor vember 20, 1943, was positive for the genococcus.

A third course of the sulfonamides was then given. The patient took 4 Gm. of sulfathlasole and one ounce of area daily for five days without any obvious improvement. A cervical amear taken on December 17 1943 was again positive

During this period of medication end observation the vaginal mucosa presented an unusual pleture. While the entire vaganal canal was diffusely inflamed, the anterior mucous membrane from the nuncocutaneous junction to the cervix projected forward into the vaginal canal, presenting e peculiarly roughened surface. The color was a hight red and is best characterized as "raspberry

Since the patient was nearing her expected date of confinement, it was deemed inadvaable to resort to hyperthornia treatments. We decided instead to employ penicillin in this unusual situation She was hospitalized on December 28, 1043, and a course of penicillin was given intramuscularly every four hours, day and night. Ton doses, each 15,000 Oxford units dissolved in 3 co. of isotonic salino, were given.

Twenty four hours after the peniculin was started. the character of the discharge changed radically It was still profuse but was now creamy white in appearance and no longer had an offensive odor There was no soreness at the sites of injection and the patient experienced no malaise at all. Smears obtained on December 31, 1943 and January 10, 1914, and cultures taken on Jenuary 3, 1944, and

January 10 1944, were negative charge remained profuse.

Mrs. K. F. a pregnancy proceeded normally during the sulfonamide and penicillin therapy, and on January 25 1944, she was delivered of a 0-pound 12-ounce girl by low midforceps under local anesthesa. The child was npparently under local anesthesa. it was noticed that the vulva was swellen although there was no evidence of any discharge Two vul var smears, taken twelve hours epart, were negative for the genecoccus. The vulvar edema disappeared on the aixth day of the infant's life. The mother and baby were discharged on the tenth postpartum

day in excellent condition.

The patient was seen again three weeks and five weeks postpartum On both occasions cerrical smears and cultures were negative for the gonococcus. Hor pelvis was entirely normal, and her vagina was free from any evidence of inflammation. The baby has progressed normally and is without

atlgmata of eny type.

#### AN UNUSUAL ELECTROCARDIOGRAPHIC FINDING IN MYOCARDIAL INFARCTION

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CORONARY occlusion with myocardial infarction is usually associated with characteristic changes in the electrocardiogram which follow a typical course 12 RS-T elevations and Q waves as a rule oppear soon after the attack and the RS-T alterations progress from day to day into T-wave inversion during several weeks or months. Occasionally the electrocardiogram remains unaltered for several days and then shows progressive When infarction occurs as a result of coronary insufficiency without occlusion RS-T depressions and T-wave abnormalities may appear These may also show progression, but this rarely continues more than several days or weeks, in fact if the initial alterations are definite, they may regress rapidly

The opinions and views set forth in this article are those of the writers and are not to be considered as reflecting the pol-icies of the Navy Department.

A hitherto unrecorded deviation from the ordin ary sequence was observed by us in approximately 2 per cent of 600 cases of coronary occlusion. It consisted of a temporary improvement in the characteristic electrocardiogram between the third and eighth days after the onset 1 e , the T waves became less inverted end the RS-T elevations or depressions less marked. Thereafter the expected progressive changes occurred. In some cases the electrocardiogram lost its specific pattern during the period of improvement. The following two cases are reported because the electrocardiogram reverted actually to normal about the fifth day and the typical progressive changes did not reappear until the tenth day

#### Case Reports

Case 1—L. M \, a 34-year-old Negro, was brought to the Naval Hospital because of the sud-

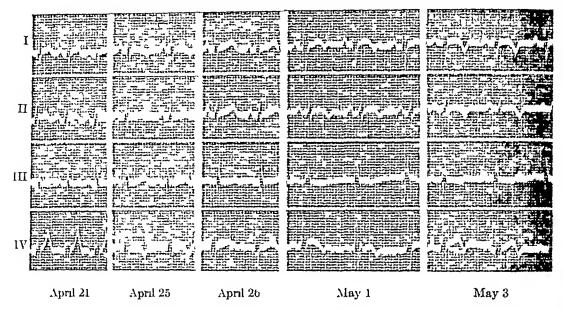


Fig 1 L. M N, male, age 34 April 21, 1944—Sinus tachycardia, rate 140 beats RS-T-I and II slightly elevated April 25, 1944—Rate 95 RS-T no longer elevated T-I and II inverted, T-II diphasic, T-III upright April 26, 1944—Record within normal limits May 1, 1944—RS-T-I, II, and IV slightly elevated, T-I and IV diphasic May 3, 1944—RS-T less elevated, T-I, II, and IV deeply inverted

den onset of pain in the epigastrium and beneath the lower end of the sternum Dyspnea and numb-ness in both arms were present. The patient had had similar attacks of mild nature for several years and he had been told on one occasion that his blood pressure was elevated. Physical examination revealed severe dyspinea. The heart was not enlarged, the cardiac rate was 150, and gallop rhythm was present. There was no precordial friction rub. The temperature was 100 F, and the white blood count was 23,000 with 84 per cent polymorphonuclears. The Kahn test was negative. The patient was placed in an oxygen tent. The following day the temperature rose to 102 F. There were numerous rales in both lungs. The teleoroent-generating gave evidence of convestion or bronchoand he had been told on one occasion that his blood genogram gave evidence of congestion or broncho-pneumonia. The cardiac rate was still 150. On the third day the patient was much improved, the lungs were much clearer, and the cardiac rate was lungs were much clearer, and the cardiac rate was below 100 The cardiac sounds were distant The sedimentation rate was accelerated Four days after admission the patient became stuporous and palsy of the right side of the face and of the right arm appeared. This was followed by paralysis of several of the extraocular muscles of both eyes.

The temperature returned to normal on the sixth day and the general condition of the extract.

day and the general condition of the patient rapidly improved. The cardiac rate remained normal, the cardiac sounds regained normal intensity Fluoroscopic examination after four weeks showed the heart to be normal in size and the pulsations to be normal. There was gradual regression of the

neurologic signs

The first electrocardiogram, taken soon after admission (Fig 1, April 21, 1944), showed slight elevation of the RS-T segment in leads 1 and 2 There were no Q waves or T-wave abnormalities record thus suggested the presence of acute per-carditis, but the following day T-I, -II, and -IV were inverted. Such a rapid change was in favor of myo-

cardial infarction. Three days later the RS-T elevations had disappeared and there was a reciprocal relationship between leads I and III, 1 e, T-I was inverted and T-III upright (Fig. 1, April 25, 1944) This indicated coronary occlusion with infarction of the anterior surface of the left ventricle very next day, the fifth day after the attack, the electrocardiogram was normal (Fig. 1, April 26, 1944). The S wave in lead I was larger than before, raising the question of pulmonary embolism, but this could be excluded clinically. A record taken three days later was also normal. On the eleventh day the sleeters eleventh day the electrocardiogram again showed RS-T elevation in leads I and II and semi-inverted T waves in leads I, II, and IV (Fig. 1, May 1, 1944) Thereafter, the RS-T segments returned to normal and the T waves became deeply inverted (Fig. 1, May 3, 1944)

Case 2 -R. E (400980), a gymnastic instructor aged 37, was admitted to the Mt Sinai Hospital three days after an attack of precordial pain lasting two hours On admission he was not acutely ill and did not complain of pain Retinal examination showed increased tortuosity of the arteries with exaggerated light reflex. The lungs were clear The heart was not enlarged, the first apical sound was split, the rate was 70 beats per minute, the rhythm was regular. The blood pressure was 130/ 90 The radial arteries were moderately thickened. The liver was not palpable The temperature was 101 F, the leukocyte count was 14,850 The circulation time and venous pressure were

normal The patient remained in the hospital five weeks and during this time his course was uneventful. The blood pressure fell to 104/64 and then regained

its former level

In view of the mild nature of the precordial pain and the quick recovery of the patient the exact nature of the coronary episode was not certain on

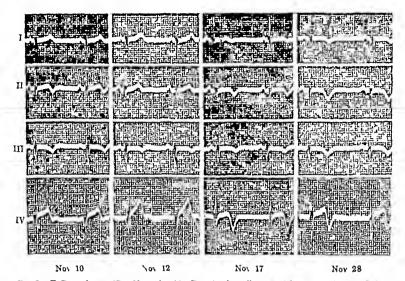


Fig 2 F. R. male, age 37 November 10—Sinus bradycardia, rate 60 beats per minute. Left axis deviation. T-II diphasic, T III loverted November 12—T II now upright, T-III only alightly inverted November 17—T I diphasic, T II T-III and T IV inverted. November 28—T-waves definitely inverted in all leads indicating myocardial infarction.

admission. However, the presence of tover and leukocytosis indicated myocardial infarction rather than a simple anginal attack, and this seemed to be confirmed by the electrocardiogram, which showed diphasic T-II and loveried T-III (Fig. 2 November 10) three days after the attack. Two days later the record was normal, for T-II had become upright and T-III was only alightly inverted (Fig. 2, November 12). Yet on the tenth day and thereafter the electrocardiogram (Fig. 2, November 17 and 28), showed marked inversion of the T waves in all leads, particularly in II, III, and IV. These progressive changes are typical of myocardial infarotron. Pericarditis also produces T-wave inversion in all leads, but there was no clinical evidence of this condition to this case.

#### Comment

These cases emphasize the importance of taking serial records wheo myocardial infarction is suspected. If only one electrocardiogram had been taken, about the fifth day after the attack, a normal record would have been found and the correct diagnosis of myocardial infarction might have been discarded. When such a diagnosis is made climeally and the first electrocardiogram is normal, it is essential to cootinue taking records every few days during the first two weeks. If no change has occurred during that period the diagnosis may be excluded. We believe the exceptions to this rule are very rare if multiple chest leads are taken.

As a rule, infarction due to coronary occlusion can be differentiated electrocardiographically from that following coronary insufficiency. In coronary occlusion RS-T elevation and/or Q waves are usually present and there is a receptocal relationship between leads I and III. Coronary insufficiency, on the cootrary, is usually associated with RS-T depression or T-wave inversion in one or more leads.

Therefore, the infarction was produced hy coronary occlusion in the first case, in which the RS-T segment in lead I was elevated. Since the lofarctico involved the anterior surface of the left ventricle, the absence of Q-IV is unusual, it is present in over 80 per cent of such cases. The occurrence of cerebral embolism is commoo to coronary occlusion, we have not observed it in corooary rosufficiency second case would seem to fall into the group of infarction following corenary insufficiency rather than occlusion since only T-wave loversions were present and RS-T elevation and Q waves were absent. Wo have found that myocardial infarction associated only with T-wave changes usually has a good prognosis and therefore our postmortem experience with this type of case is limited Io the cases examined the infarction was almost always on the basis of coronary insufficiency Although the presence of marked inversion of the T waves after eighteen days. as occurred in this case is more common in infarction following occlusion, it may occasionally be seen

in coronary insufficiency

The explanation of the temporary return to normal of the electrocardiogram in the cases reported and of the transient improvement observed in other cases of coronary occlusion may only be surmised. It is possible that in these cases much of the initial circulatory derangement is due to collateral spasm which becomes less severe after several days, resulting in a reduced degree of anovemia of the involved myocardium. Later, the progressive changes of the several stages of infarction appear.

### Summary

Attention is drawn to a transitory improvement in the electrocardiogram in occasional cases of myocardial infarction. It occurs three to eight days after the attack. In the two cases reported the electrocardiogram temporarily returned to normal

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### OLIGURIA AND RENAL CALCULUS RESULTING FROM THE ADMINISTRATION OF SULFAMERAZINE

HARRY MANDELBAUM, MD, and HARVEY J AMSTERDAM, MD, Brooklyn, New York (From the Jewish Hospital)

BECAUSE of the increased solubility of sulfamerazine in the urinc and the slow rate of its excretion, it was hoped that the occurrence of renal complications would be eliminated by the use of sulfamerazine in place of sulfadiazine

Welch and his coworkers' showed that sulfamerazine was more rapidly and more completely absorbed from the gastrointestinal tract than sulfadiazine. In comparison with sulfadiazine, sulfamerazine was more slowly excreted in the urine and therefore appeared in lower concentration. Given in toxic doses to monkeys and dogs, the toxic effects were dependent on the precipitation of the sulfamerazine in the renal tubules, pelves, and ureters

Hall and Spink's reported favorably their experience with sulfamerazine in 116 cases were but two instances of renal complications, one after receiving 24 Gm, the other after receiving 17 However, Dowling and his associates' were not favorably impressed in their 428 cases that reccived sulfamerazine They reported no significant difference in the incidence of any individual toxic reactions in the cases treated by either sulfamerazine or sulfadiazine, with the exception that renal calculi were more frequent following the administration of They considered renal calcula as sulfamerazine present if there was pain in the region of the kidneys. gross hematuria, definite anuria, or oliguria, or any combination of these Renal calculi resulting from sulfamerazine administration occurred in 35 per cent of the patients receiving that drug as compared with an incidence of 1 3 per cent in the patients receiving sulfadiazine

In the case herein reported oliguria, hematuria, and a renal calculus developed in a patient who had received a total of 8 Gm of sulfamerazine

### Case Report

Case 1—S W (274685), a 44-year-old white man, entered the Jewish Hospital on May 10, 1944 He had never been ill previously Ten days before admission, he complained of difficulty in swallowing,

feeling as if "a lump was in his throat" On May 4, the pharyngeal symptoms became worse and he began to run a fever of 101-102 F rectally He consulted his doctor on May 7 and 10 grains of sulfamerazine with 20 grains of sodium bicarbonate This dose was taken every five were prescribed The following day an otolaryngologist diagnosed the condition as a pharyngeal abscess He ordered the drugs to be given at two-hour intervals. After the sixth dose the patient became nauseous and vomited all food and medication In all, he had taken a total of 8 Gm of sulfamerazine consumed a large volume of fluids up to the time he During the early morning hours started to vomit of May 10 he noted that he was voiding scarcely any urine in spite of a constant desire to do so Prin of a dull character appeared in the right flank. It In the twelve soon became intense and colicky hours preceding admission he passed about 1 ounce Cystoscopy Was of urine that was frankly bloody A number 20 performed on the day of admission cystoscope was passed without difficulty Many small cc of bloody urine was obtained Many small crystals were noted at the ureteral orifices A number 6 ureteral catheter was passed into the left renal pelvis and 12 cc of bloody urine was obtained by aspiration No obstruction was revealed and lavage of the pelvis was done A similar catheter An impassable ob was passed up the right ureter struction was met 3 cm above the ureterovesical

On admission the urea nitrogen of the blood was 191 mg per cent. The sulfamerazine level of the blood was 56 mg per cent. Urinalysis revealed a specific gravity of 1 022, 2 plus albumin, and gross blood. His temperature was 100 F. He was immediately started on 2,000 cc of 5 per cent glucose in physiologic saline intravenously, to which was added two ampules of sixth-molar sodium lactate.

The following day he continued to complain of the severe right lumbar pain. There were frequent episodes of colic. The temperature rose to 102 F. Fluids were forced (3,000 cc per day) and 20 grains of sodium bicarbouate were given every four hours. He secreted 600 cc of urine. On the third day, he passed a small calculus. Following this, the temperature returned to normal and the

pain and soreness of the right flank quickly subsided. His throat felt better The unnary output on the feurth day was 1,200 ce Microscopic red blood cells were found in the unne until the ninth day The ures nitrogen was normal after the fourth day

#### Summary

This case represents an instance of ronal calculus developing in a patient who had received aufin meranne. Obguria, frank hemituria and characteristic ureteral colo developed after a total of 8 Gm had been taken. Cystoscopic ureteral briga.

tion was possible only on the left sade because the right treter was blocked by a calculus Intravenous fluds with sodium lactate and 5 per cent glucose in physiologic saline helped re-establish urman, flew but complete relief was obtained only infer the calculus was passed

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#### MEDICAL ASPECTS OF COMPULSORY MILITARY TRAINING

A year's training in patriotism conducted by the Army or the Navy may be beneficial to our country in ways other than national defense. There was a time, not so many years ago when the bringing together of great numbers of people was not without danger. Until the present century, nrmies had more reason to fear disease than the enemy. This is no longer so. The "camp decises" typhoid fever typhus fever and the dysonteries have been conquered. Modern santintion and immunelogy have made army camps as safe as health rosoits. Bo we may check off health hazards as an argument against compilisory military training.

against compulsory military training
What are the benefits that may be expected?
In the first place, there will be a complete physical
examination of each trained as he reaches the ago
for training, something that is worth while in itself
There should be no rejectoes in this examination,
but rather a classification. The remedial defects
would, of course, be corrected. Those with physical
defects that cannot be corrected could be put in
special classes. Sumpt be provided to rediction, just as
backward children in the public schools are put in
special classes. During the period of training, health

education could be taught in a very practical manner. At the end of the course the graduates would have a better idea of the value of a balanced diet, to mention only one item. They certainly would make a better showing physically than the freshman in college made before the war.

From a medical point of view there can be only ene argument against compulsory medical training. Already the medical student, and presumedly the same applies to other branches of technical training, reaches the period of usefulness to the public too late in life

Unless some steps are taken to telescope some of the necessary pretechnical training into the year of military training, the plan will make the doctor (or engineer) one year older when he begins practice

Whether the training should be extended to girls is more debatable. All changes that modern civilization has influeted upon women have had a tendency to minimize the influence of home. If girls are to be included, we hope that demestic science will have a prominent place in the curriculum—Virginia M. Monthly, March. 1945.

#### SCREEN TESTS

As a method of tuberculous case-finding the screening of large groups of apparently healthy individuals by means of chest x-rays is here to stay

It should not replace the recognized routine methods of case-finding by means el examination of individuals who have been in close association with

tuberculous patients or who have symptoms referrable to the lungs. Rather, it should serve as an excellent auxiliary method for the discovery of new cases and in that way provide to health departments many additional opportunities for the promotion of their tuberculous's control programs.—William Stepal M.D., "Health News," Nov 13, 1944

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# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

### Hematologic Disorders

A GENERAL résumé of hematologic disorders including the anemias was given by Dr Ellery G Allen, associate professor of clinical medicino and clinical pathology, Syracuse University Collège of Medicine, at a meeting of the St Lawrence County Medical Society at 12 15 PM on June 14 at the Massena Country Club, Massena

Dr Allen's postgraduate instruction was a presentation of the Council Committee on Public Health and Education of the State Medical Society

### SUDDEN ASPHYXIAL DEATH

Asphysial death is usually sudden. A boy goes out to swim too soon after a big meal, is seized with "cramps," drowns alone, or if pulled ashore fails to rally Firemen or police come with a "resuscitator," but resuscitation is not accomplished. One sometimes wonders why a physician is not called Has the public lost confidence in our ability to revive an asphyxiated person? Of course, the glamor of the police or fire wagon is appealing and spectacular, while the physician must work quietly, without fanfare. The mechanical contrivance has saved an occasional life, but it is common medical opinion that it may do more harm than good, be-cause its use is not based on an understanding of the causes of asphyxia, such as a blocking of the lower airways by a foreign body, or failure of the respiratory center in poliomyelitis In any case, immediate action is called for, but this must be based on a thorough knowledge of the art of resuscitation How many physicians are prepared to carry out all the intricate details of this art?

In 1933 an article was published in the American Journal of Surgery entitled "Asphysial Death a Professional Disgrace" Out of the interest it aroused the Society for the Prevention of Asphyxial Ddath was incorporated, with its founder, Dr Paluel J Flagg, as president-director The necessity for research and for the dissemination of knowledge to all physicians, nurses, hospitals, and public health agencies was promptly recognized by most county, state, and other medical societies The American Medical Association appointed a Committee on Asphyxia in 1937 and every professor of obstetrics who could be found was circularized Some sixtythree medical schools replied, but little came of the new movement In 1939 it was revived by Surgeon General McIntire when he opened a department of pneumatology at the World's Fair, but the impetus again soon died out chiefly because instructors were lacking, or could not give the time demanded with-out remuneration "No funds" was the phrase heard in most hospitals

The Children's Bureau, in Washington, and the director of maternal and child welfare responded, but again there seemed to have been no funds which could be allotted to this great enterprise

All forty-eight states were informed of the need, fifteen responded. Even today, after ten years of effort, many physicians and institutions seem to know little or nothing of either the need or the methods of reviving the asphyxiated. Dr. Flagg is asking some pertinent questions. Of the general practitioner he is inquiring, What treatment do you advocate for the various stages of asphyxia? Of the nurse, How would you treat a case of asphyxia if left entirely alone with such a problem? Of the hospitals, Whom of your staff would you callasan "expert" in a case of asphyxia in the operating room or in the accident room? What is your routine in carbon monoxide poisoning, electric shock, ehemical gas poisoning, shock from total submersion, asphyxia neonatorum, acute respiratory failure in poliomyelitis?

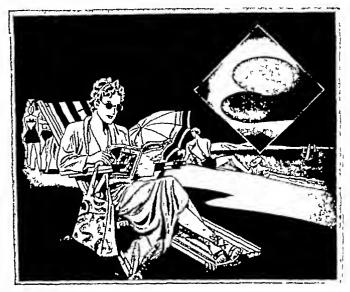
What routine is followed in an ear and throat postoperative patient who shows signs of asphyxis after being put back to bed? Of medical school officers he would like to know what instruction is given to students if they were called on to revive an asphyxiated person, other than the Schafer or the Silvester method? How many can use an electrically lighted laryngoscopo or remove a foreign body by direct vision? of firemen and policemen What stages or degrees of asphyxia can you mon recognize? Give the treatment you would apply other than mechanical Impending death from asphyxia is of immense importance. Why then is so little known about it among "general men?" Answer They have never heen taught

In order to raise money to do just this, Dr Flage has a plan wherehy anyhody who lost a son in this War may huy a twenty-five dollar bond, and offer it or its equivalent to the Society for the Prevention of Asphyxial Death to develop a fund, the proceeds from which may be used to instruct doctors, nurses, and other medical personnel in the art of resuscitation Certainly the need is great, we hope the "plan" will work enormous good to a great host of unfortunate persons about to die from asphyxia of whatever kind They can he saved, they must be saved The method is at hand Only wide distribution of the method is needed, but it will take money to do it —M Rec. Dec. 1944

1572

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Tablets

CONJUGATED ESTROGENS (equine)

### Medicolegal

### The Problem of Rents for Physicians' Offices Under the OPA

IN RESPONSE to a communication from a physician who maintains an office and residence at the same address and was to be subjected to an increase in rents, Mr William F. Martin, Counsel to the Medical Society of the State of New York, submits the following information from the Chief Branch Attorney of the O P.A

This is to advise you as to the rights, under the Rent Regulation, of physicians in this State who reside and maintain their professional offices in the same apartment or in the same dwelling house

Where the physician maintains one apartment in a given building for his residence and another in the same building for his office, there is no problem since the former is governed by the Rent Regulation for Housing and the latter is exempt therefrom. Where, however, only one apartment is involved in which there is a combined use by the physician, two tests are to be used to determine the extent, if any, to which the Rent Regulation controls the unit First, are the professional and dwelling portions separable? Second, if they are not, what is the predominant use?

If the professional and dwelling portions are separable, only the dwelling portion is subject to the Rent Regulation. If they are not separable, then either both portions are subject to the Rent Regulation or neither is controlled. Separability exists if the physician characteristics of the property are such that it is feasible for the tenant to remain in occupancy of the dwelling portion while some other person is using the business portion. The portions are separable where there are separate means of access, the dwelling portion is usable as a dwelling without the need for access to the business portion, the business portion does not require access to the dwelling portion, and the dwelling portion is, or can readily be, completely shut off from the business portion.

Assuming the lack of separability as above described, there remains to be determined only whether the predominant use of the whole unit is dwelling or professional. The initial test of predominant use is to be made on a space basis so that if a predominant part of the space is used for professional purposes the whole unit is exempt from the Regulation, and vice versa Where less than a predominant part of the space is used for business purposes (and also where the space test cannot be used because there is no physical segregation of the space used for business purposes and of that used for dwelling purposes), a second test of predominant use in terms of rental value is to be applied. If the rental value of the business portion (or of the business use where the two uses are not physically segregated) is clearly in excess of the rental value of the dwelling portion, the property is not subject to the Regulation, otherwise it is

Thus, the property as a unit is free of control by the Regulation where either (1) the predominant use, on a space basis, is for business purposes, or (2) the rental value of the business portion is clearly in excess of the rental value of the dwelling por-

If neither of these tests is satisfied, the property as a unit is subject to the Regulation

Where, by the application of the foregoing criteria, it is established that the unit is subject to the Regulation, no exaction of rent in excess of the maximum rent is permissible

IRA A. SCHILLER

#### HEALTH PROGRAMS IN INDUSTRY

Hospitals in general are reluctant to adopt the modern methods of tuberculosis control because of the expense involved. A similar stand was taken by industry not many years ago in reference to industrial hygiene and medicine. Experience, how-

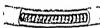
ever, has convinced industry, large and small, as Dr Victor G Heiser puts it, that, "in war or in peace, no plant is too small to profit from a health program."—Maxim Pollah, M.D., Hospitals, Sept., 1944



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### Medical News

### Dr Korns Appointed Acting Assistant Director of Communicable Diseases Division

DR ROBERT F KORNS, former epidemiologist in the Division of Communicable Diseases, has been appointed acting assistant director of the Division for the duration of the war, succeeding Dr Herman F Senftner, who recently retired. He assumed the duties of his new position May 1

Dr Korns, a Dartmouth College alumnus, studied medicine and public health at Johns Hopkins University, from which he was graduated with the degrees of M D (1937) and Dr P H (1939) He has been associated with the New York State Department of Health since 1939, serving first as epi-

demiologist-in-training and later as assistant district health officer. For more than a year he was acting district health officer in charge of the Amsterdam district.

In addition to carrying on the duties of the position of epidemiologist in the central office at Albany since 1941, he has been instructor in preventive medicine and public health on the staff of the Albany Medical College, assisting in both the undergraduate public health courses and the Extension Course in Public Health which qualifies for Grade II health officers

### Service Rules Eased for Doctors in Army

MAJ GEN GEORGE F LULL, deputy general of the Army, announced on June 11 that under a new War Department program, medical officers released from service overseas can decide for themselves whether they wish to accept continuing assignments with the Veterans Administration in this country

The new rule, he said, would replace present regulations under which officers returned home from the battlefronts have been compelled to accept transfer to veterans' hospitals even though many have protested that such assignments violated the terms of their enlistment for military service only

While the new regulations go into effect immediately, they would not change the status of officers

now serving with veterans' facilities in this country until some time in August or September, General Lull said

It would require at least until then for replacements to supplant officers who have been drafted for service with such hospital units, and not many could expect releases at least for a year or more, he said. The only way by which such officers could be mustered out would be for them to await replacement on the basis of military necessity and adjusted service records.

The new regulation, however, provides for the return to veterans' hospitals of all officers who before active military assignments had been associated with the administration, General Lull said

### National Advisory Health Council Meets

THE first meeting of the National Advisory Health Council since the passage of the Public Health Service Act of 1944 was held June 19 and 20 in Wilson Hall, National Institute of Health, Bethesda, Maryland, Surg Gen Thomas Parran, of the Public Health Service, Federal Security Agency, announced on June 18

The Council, which serves in an advisory capacity to the Surgeon General, reviewed present and postwar plans of various Public Health Service Divisions and offered recommendations for meeting existing conditions resulting from the war

The National Institute of Health presented problems pertaining to the extension of grants-in-aid for additional research and methods of assistance to young scientists by means of fellowships, and gave a summary of the work of the institute and laboratories The Bureau of Medical Services presented statements from the Division of Mental Higgene, the Foreign Quarantine Division, the Inter-Service Committee for the Control of Exotic Diseases, and the International Health Relations Section A report was also heard from the Bureau of State Services encompassing the State Relations Division, Venereal Disease Division, Tuberculosis Control Division, and Public Health Nursing

The Office of the Surgeon General explained the work of the Engineering Division and discussed the preparation of adequately trained public health personnel for the nation, the development of a modern training center for Public Health Service officers and others, and the loan of Public Health Service personnel to schools of public health and commissioning and periodic calling to duty of personnel of the schools of public health for practical experience

### County News

### Albany County

Approximately forty physicians of the state, who are qualifying for Grade Two health officers, attended a public-health extension course conference in the DcWitt Clinton Hotel on June 6 The course is conducted by Albany Medical College and the State Health Department Dr Henry E Meleney, professor of preventive medicine at New York University, discussed malaria in the armed forces and its relation to postwar malaria in New York State Dr James E Perkins, director of the Divi-

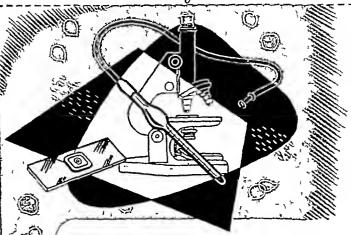
sion of Communicable Diseases of the Health department, presided \*

### Bronx County

The regular meeting of the county society was held on June 20 at 8 30 PM, in the Concourse Plaza Hotel Following the executive session Dr J Stanley Kenney, chairman of the Council Committee on Malpractice Defense and Insurance, Medical Society of the State of New York, gave a report on the

<sup>\*</sup> Asterisk indicates that item is from a local newspaper

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### [Continued from page 1576]

present status of malpractice defense and insurance in the State medical society Dr Moses H Krakow then delivered the president's report

### Clinton County

The county society held its semiannual meeting at the Cumberland Hotel on May 22 The business meeting at 5 30 P M was followed by dinner at 6 30

Maj Norman Levy and Maj Anthony D'Alfonso of the A.A.F. Convalescent Hospital,

Plattsburgh Barracks, were the principal speakers
Major Levy discussed "Emotional Problems of
Returnees" Major D'Alfonso spoke on "A Flight Surgeon's Experience in the South Pacific."

Medical officers from Plattsburgh Barracks were invited to attend the meeting \*

### Dutchess County

The annual outing of the county society was held at the Harlem Valley State Hospital, Wingdale, on June 13 Golf was played in the afternoon and dinner was held at 7 00 r m Dr James Rooney, of Albany, was the guest speaker

### Greene County

A living memorial to two of Catskill's outstanding citizens and well-beloved physicians will shortly he presented to St Luke's parish The Memorialshrubbery to be planted on the William street side of St Luke's rectory—will be given by Mrs Dean W Jennings in memory of her late husband, Dr Dean W Jennings and his brother-in-law and former associate, Dr Lyle B Honeyford.

The shrubs will not be already with T.

The shrubs will not be placed until Fall Dr Jennings and Dr Honeyford were leaders in the field of medicine and the promotion of better health in the village and county in which they lived and served. It was largely through Dr Honey-ford's untiring efforts and "missionary work" that the Memorial Hospital of Greene County was built \*

### Jefferson County

The annual outing of the county society was held on June 14 at Lake View House at 5 00 PM Fol-lowing games dinner was served Three movies were then shown

#### Kings County

Capt George Rosen, (MC), Brooklyn, has been awarded the Grant Squires Prize for his book, "The History of Miners' Diseases A Medical and Social Interpretation." The prize is given every five years to a graduate of Columbia University for original investigation of a sociologic nature. The presentation was made at Columbia's commencement exercises on June 5

### New York County

Capt Gottlieh Helpern, (MC), AUS, spoke before the Sydenham Clinical Society meeting on his personal observations made in the Italian theater of operations at an Army General Hospital. His subject was "Acute Infectious Hepatitis With and Without Jaundice."

The new officers of the New York Society for Clinical Ophthalmology for 1945-1946 are president, Dr Maurice L Wieselthier, vice-president, Lt. Comdr Benjamin Friedman, Recording Secretary, Dr Leon Ehrlich, Corresponding Secretary, Dr Benjamin Esterman, and treasurer, Dr Daniel

Meetings will be held on the first Monday of each month from October through May at the New York Academy of Medicine

The Board of Health of the city of New York amended on June 12 Section 118 of the city's Sanitary Code to prohibit the sale of sulfa drugs or sulfa-containing products for internal or external use without a prescription The han becomes effective without a prescription

October 1

The board's action followed a recommendation by the public health relations committee of the New York Academy of Medicine and other health groups that pointed out that sulfa drugs in any form could he used safely only under expert supervision and at a physician's direction

Acting Health Commissioner Frank A Calderone explained that sulfa drugs were "a two-edged

sword."
"In the hands of a physician they are one of our most valuable weapons against certain dangerous diseases," he added "Used indiscriminately, howdiseases," he added ever, they do a great deal of harm, even when employed in small concentrations"\*

The Health Department has taken another step to make it easier for women eligible for care under the Emergency Matermty and Infant Care plan to receive assistance, according to a statement issued by Acting Health Commissioner Frank A Calderone on June 15 "Beginning today," said Dr Calder-one, "in each of the city's twenty-one Health Department district health centers, a nurse especially trained for the job will be on hand to personally interview applicants and to aid them in securing the best possible care"

#### Ontario County

Dr Albert Kaiser, Rochester physician, was guest speaker for Dr J W Howard at the May meeting of the Canandaigua Medical Society in the Canandaigua Hotel His topic was "Insurance and the Practice of Medicine

Dr Gustav Selbach was host Dinner at 6 15 PM preceded the business meeting and program

Dr Selhach was host to the Canandiagua Medical Society on June 1, when Dr J Wendall Howard, of East Bloomfield, was reader His topic was also "Insurance and the Practice of Medicine"\*

#### Steuben County

The summer meeting of the county society was held on June 14 at the Veterans Administration Facility in Bath Following luncheon at 1 00 P.M. and a business meeting at 2 00 P.M. Dr. Samuel R. Kates, of the Veterans Facility, spoke on "Rickettsia Diseases and Virus Infection"

### Ulster County

The regular meeting of the county society was held on June 6 in the Library of Kingston City Laboratory, at 9 00 PM Dr George W Ross was chairman of the countries essent, which consisted of a lecture on the countries can be considered. a lecture entitled "Relation of Ohstetrics to Gyneco logical Lesions" by Dr William T Kennedy, of Woman's Hospital, New York City, followed by

[Continued on page 1580]



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[Continued from page 1578]

discussion by Drs Fred Synder, Frank A Johnston, F E O'Connor, William S Bush, Thomas F Crowley, and C B Van Gaasbeek.

At this meeting the groundwork was laid for the establishment of a cancer clinic in Kingston, a postwar project for which plans are now being drawn up

Dr James J Britt, of Napanoch, closed his office and discontinued his practice on May 26 He has opened a practice in Albany as successor to Dr Jacob Lockner, who is retiring from his obstetric practice Dr Britt will be associated with the staff of the Anthony Brady Maternity Hospital and the Memorial Hospital obstetrical staff \*

### Westchester County

The regular meeting of the county society was held on June 19 at 8 30 P M at New York Hospital, Westchester Division, in White Plains Dr Leo Loewe, of New York City and Brooklyn, spoke on "Subcutaneous Heparin in the Management of Thrombotic Diseases"

### Necrology

Michael Abramowicz, M D, of South Dayton, died December 1, 1943, at the age of 53 Dr Abramowicz received his medical degree from the University of Vienna in 1920, and interned at the Vienna Wilhelminen State Hospital in Austria

Lemuel Brehaut, M D, of White Plains, died on June 14 at the age of 83 A native of Prince Edward Island, Canada, Dr Brehaut was graduated from the Prince of Wales College in Canada and received his medical degree from New York University College of Medicine in 1887 He retired from practice in 1931

William Henry Conner, M D, of Batavia, died on April 28 from coronary thrombosis He was 72 years old He was graduated from Northwestern University with a medical degree in 1907, and interned at Englewood Hospital, Chicago, Illinois He was a member of the Minnesota Academy of Ophthalmology and Otolaryngology, the Medical Society of the State of New York, and Genesee County Medical Society, and the American Medical Association

Clarence Gardinier, M D, of Schenectady, died on May 23, after a short illness, at the age of 56 He was a graduate of the Albany Medical College, class of 1914, and interned at Samaritan Hospital in Troy and Ellis Hospital in Schenectady He joined the staff of the medical department of the General Electric Company in 1916 as medical examiner and surgical supervisor During World War I he served as a first heutenant in the Medical Corps He was a member of the State and Schenectady County medical societies and the A.M A

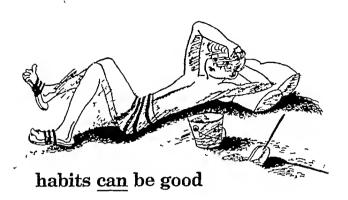
Joseph V Glamkowski, M D, of Brooklyn, a specialist in diseases of children, died on June 17 after a year's illness. He was 50 years old. A graduate of Long Island College of Medicine in 1920, he had been chief pediatrician of St. Cecilia's Hospital, and on the staffs of St. Catherine's Hospital and Greenpoint Hospital. He served his internship at St. Catherine's Hospital. He was a member of the State medical society, Kings County Medical Society, and the American Medical Association.

William F Mayer-Hermann, M D, of New York City, died on June 13 in Sydenham Hospital after a day's illness, at the age of 53 He received his medical degree from the University of Berlin in 1914, and came to this country in 1934 He was senior clinical assistant in the otorhinolaryngology outpatient department of Mt Sinai Hospital He was a member of the Medical Society of the State of New York, the country society, and the American Medical Association

Abraham Rosenberg, M D, of New York City, died on May 26 at the age of 64 Dr Rosenberg received his medical degree in 1905 from the College of Physicians and Surgeons, Columbia University

He was a member of the State medical society, New York County Medical Society, and the American Medical Association

can Medical Association
Frederick Schneider, M.D., of Brooklyn, and
retired, died on May 10 at the age of 73 Dr
Schneider was graduated from the Long Island
College of Medicine in 1897



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\*The Vitamins, Chicago A, M A, 1939 p. 524

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### Hospital News

### Improvements

Construction of two new buildings at Rhoads General Hospital-the Post Library and the central

surgical supply building—was announced on May 28 by Col A J Canning, commanding officer

The two buildings are both of concrete block construction The library, 76 by 30 feet, cost \$17,000 and the supply building, 67 by 26 feet, cost \$19,000

The surgical supply building was recently completed and already is filled with surgical equipment for issue

The library building consists of a main library room and a smaller room which will house the hospital's medical library In addition, there will be an office and workroom

Plans for the buildings were made by the New York district engineer and Capt Joseph R Matullo,

post engineer at Rhoads \*

Patients in the Alice Hyde Memorial Hospital, Vialone, suffering respiratory ailments, such as pneumonia and asthma, and cardiac maladies, will now receive oxygen therapy through a new machine of the latest improved model, recently purchased by the hospital

The machine is a complete portable air-conditioning unit that provides the patient with comfortable conditions of temporature and relative humidity while he is breathing the prescribed concentration The refrigerating unit cools and cleans the air and removes excess humidity, forcing circulation changes into the tent enclosure four times a minute \*

A modern iron lung has been received at Highland Hospital, in Beacon, hospital officials announced on May 22 The "lung" was received from the Dutchess County chapter of the National Foundation for Infantile Paralysis

The respirator is the first to be located in Beacon and will enable the staff of the local hospital to render a more efficient service in cases requiring artificial respiration

The "lung" is one of the few to be located in the county, Vassar and St Francis hospitals in Poughkeepsie also having them It was secured through Thomas Mylod, chairman of the county Infantile Paralysis Fund

Dr Newton J T Bigelow, new director of Marcy State Hospital, has been appointed a member of the State Salary Standardization Board by Governor

Four other appointees to the board were T Har-

low Andrews, Loudonville, division of placement

and unemployment insurance, Dr Arthur Sullivan, chief psychiatrist in the Harlem Valley State Hos-

pital, Wingdale, department of mental hygiene, and Everett N Mulvey, Albany, division of the budget, and Milton Musicus, Albany, department

Dr Bigelow, acting deputy commissioner of

The law required the Civil Service Commission and the budget director to refer to the board all new job titles which the board must allocate to an ap-

mental hygiene, is chairman of the temporary salary standardization board, created in 1937 A 1945 law, recommended by Dewey, established a permanent board

### At the Helm

Dewey

of civil service

propriate salary grade \*

After fifteen years as superintendent at the Mary Imogene Bassett Hospital, Cooperstown, Miss Katherine Danner resigned from that position on July 1 With her resignation from the chief administrative position of the hospital, Miss Danner, after a long career of hospital administrative responsibility, retires from active work.\*

Appointment of two Brooklyn residents, Miss Eva Sherwood Potter and Dr James E Maloney, as members of the board of visitors of the Pilgrim State Hospital, in Brentwood, was announced on June 5 by Gov Thomas E Dewey

Miss Potter succeeds Miss Mary V Woods, and Dr Maloney succeeds Albert Hutton Dr Maloney was graduated from Albany Medical College in 1907 \*

Directors of the Genesee Memorial Hospital, in Rochester, announced on May 23 the appointment

Dr Almy has been associated with the x-ray department at Genesee Hospital, Rochester, since 1926, director since 1930, and has an extensive background of training and experience.\*

of Dr Max A. Almy, of Rochester, as head of the x-ray department of the hospital.

Dr William T Clark, superintendent of the Edward J Meyer Memorial Hospital, Buffalo, who became superintendent of the Masonie Home, in Utter, on July 1, was professor and head of the department of hygiene and preventative medicine, School of Medicine, University of Buffalo, in addition to his hospital duties

Mrs Clark will be supervising matron of the local institution \* [Continued on page 1584]

<sup>\*</sup> Asterisk indicates that item is from a local newspaper



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SUBJECT TO REQUILATIONS OF THE FEOTERAL SUREAU OF HARCOTICS

SUSSECT TO REGULATIONS OF THE FEOTERS SUREAU OF HARCOSICS WINTHROP CHEMICAL COMPANY INC PHARMACEUTICALS OF MERIT FOR THE PHYSICIAM HSW YORK 13 N T WINDSOR ONT

[Continued from page 1582]

### **Newsy Notes**

The tuberculosis sanatorium maintained since 1913 at Mount McGregor by the Metropolitan Life Insurance Company for the treatment of its employees will be closed on September 1 because of recent reductions in the number of patients and the period of treatment for tuberculosis, it was announced on May 31

The announcement, made by Frederick H Ecker, chairman of the board, and Leroy A Lincoln, president of the company, said patients now at the sanatorium would be treated at the company's expense in comparable sanatoriums nearer their homes Facilities near the patients' homes and families also will be used in continuing the company's efforts to combat tuberculosis among its employees

The Mount McGregor Sanatorium, located in the foothills of the Adirondack Mountains near Saratoga, occupies 1,600 acres Since it was opened, 3,507 employees have received treatment there \*

Members of the board of the Genesee Memorial Hospital, Rochester, entertained the members of the Genesee County Medical Society and their wives at dinner on May 22 at the Stafford Country Club

at dinner on May 22 at the Stafford Country Club Dr Raymond L Warn, of the hospital board, introduced the doctors in the medical society and

their wives

The committee in charge of the event was made up of Mrs Homer A Harvey, chairman, Anthony H Garnish, of Elba, T A. Buhl, William R Walls, and Dr Warn, of Oakfield \*

A Dr Ludwig B Goldhorn Memorial Library, to be founded through funds contributed by the medical staff of Mount Vernon Hospital and members of the Mount Vernon Medical Society and friends, will be established at Mount Vernon Hospital, it was announced on May 23 by the Hospital board of trustees

The library will honor Dr Goldhorn, who died on November 16, 1944, after serving the hospital for thirty-six years as roentgenologist, establishing the first x-ray laboratories at Mount Vernon Hospital

In addition to many books, the library will be the repository for some of Dr Goldhorn's mementos, including his first x-ray tube, which will be contributed by Mrs Goldhorn This tube was one of the first ever used in America

The names of sixteen candidates for membership on the hospital board of trustees were presented at a meeting on May 21 by a nominating committee consisting of Norman D Ellison, as chairman, Harry R Marshall, Irving Reynolds, J O M Van Tassel, and Myron Walker

James H Cavanaugh and A F Maxwell were nominated members of the class of 1946, and Albert L Farr and William L Frager, the class of 1947

L Farr and William L Fraser, the class of 1947
The retirement of Dr Frank A. M Bryant, who recently moved to California after being a member of the courtesy staff for many years, was accepted with regret, as was the resignation of Mrs Ralph S Hall from the board of trustees

Peter Pappas was elected to the board, class of 1947, to fill the vacancy caused by the recent resignation of Mrs Pappas, and several appointments to the hospital medical staff were approved upon recommendation of the medical board and joint advisory committee

The annual meeting of the Mount Vernon Hospital Association was held on June 18 in the Nurses' Home Arthur L Zerbey, president of the board of trustees, was in charge of the meeting \*

Mr Max H Rhulen, president of the Monticello Hospital, has announced the appointment and acceptance of Mayor Luis de Hoyos as general chairman of the campaign for the Monticello Hospital for Thompson Township, and Earl A Stratton, of South Fallsburgh, as general chairman for Fallsburgh Township Mr Morris Feldberg heads the Team Organization, and Mr Morris Turetzky is chairman of the Men's Division Mr Don R. Hammond has accepted the chairmanship of the Special Gifts Committee for Thompson Township, and Messrs Samuel Roffman and H. J Stern will be chairmen of the Special Gifts Committee for Fallsburgh Township Mr Bernard Keiles, Postmaster of South Fallsburgh, has accepted the chairmanship of the Team Organization for Fallsburgh Township

Mrs Emiliano Gonzalez and Mrs Rose Newman have accepted the cochairmanship of the Women's

Division for Thompson Township

Roslyn Park Hospital, which has been under preparation for the past three years, will finally become a reality for Roslyn and the neighborhood. The hospital site is located on the corner opposite to the Roslyn railroad station

The fifty-bed general hospital, which will be privately owned, and operated by the director, Louis S Bardoly, M D, formerly of Cleveland, Ohio, will be staffed by the neighborhood physicians A board of prominent local citizens with the cooperation of the doctors will govern the hospital

Tentative opening of the hospital is set for the

later part of October, 1945 \*

In a report made by William Blumstein, president of Bronx Hospital, at the recent annual meeting of the institution it was disclosed that a mental hygiene climic will be established as soon as possible, in a broad program based on the development of preventative medicine

A program for the hospital's expansion included a new outpatient department building and the establishment of a diagnostic clinic for people will

moderate incomes

The new departments will all be housed in a no clinic building, to be erected as soon as funds a available and conditions make construction possible. Other departments to be housed in the propose new building will be a nutrition clinic, an auditoring for health lectures, illustrated by demonstration slides, and motion pictures, a rehabilitation clinic with special arrangements for veterans, and facilitie for minor surgical work. The new building would replace the present clinic building, opened in 191 before the hospital itself began service.\*

A total of \$400,000 has been pledged toward the cost of constructing a Columbia Memorial Hospiti [Continued on page 1586]



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the gold medal whiskey



### [Continued from page 1584]

in Hudson, it was announced on June 5 at a meeting of the building fund committee in Hotel General

Worth, Hudson

Of this amount, \$201,250 has been pledged by the board of trustees and the medical staff of Hudson City Hospital, according to Herman F Zorn, committee chairman

Principal speaker at the meeting was Raymond P Sloan, editor of Modern Hospital William Graves, president of the board of trustees of Hudson City Hospital, presided and the Rev John A McCarthy, of St Mary's Church, gave the invocation
The committee envisions the construction of a

million-dollar hospital as a postwar project
Serving on the committee with Mr Zorn are Dr
John L Edwards, Dr Caldwell B Esselstyn, William H Graves, Dr Rosslyn P Harris, L Proseus
Hover, Mrs George C Inman, James E Leath, J
Wessel TenBroeck, and Mrs John S Williams \*

After inspection last year by Dr J M Westmoreland, of the American Medical Association, and later by Dr Charles Sprague, of the American College of Surgeons, the Wyoming County Community Hospital was fully approved and permission was granted for the employment of resident physicians and Navy needs have taken all available residents up to the present time

In May, however, the War Production Board allotted three young men who have completed internships, for residencies at the hospital, each to have three months in each of the three services of surgery, general medicine, and obstetrics These men are Dr Lyman James Strong, of Emergency Hospital, Buffalo, Dr Rowley, of City Hospital, Syracuse, and Dr Healey, of Charity Hospital, Cleveland. They began on July 1 \*

Buffalo Niagara Electric Corporation and Niagara, Lockport, and Ontario Power Company have jointly subscribed \$24,000 to the \$4,000,000 fund for the enlargement and improvement of Buffalo General Hospital, it was reported on May 27 by Henry W Wendt, chairman of the committee on corporation subscriptions

The subscription of the companies will provide the nose and throat clinic in the enlarged and reconstructed hospital, and is made "in the interest of the companies' employees and their families".\*

Buffalo General Hospital's proposed \$4,000,000 postwar expansion program will provide adequate space, staff, and equipment for the continued study, diagnosis, and treatment of one of the major medical problems of this area, glandular disturbances

Dr Arthur J Reissig, of the hospital's outpatient endocrine clinic, on May 16 emphasized the need for an institution where study of the diseases of the endocrine glands can be carried on. Buffalo, lying in the "goiter belt," has many cases of thyroid disorder, he noted

"At the endocrine clinic all types of endocrine diseases are sought," Dr Reissig explained "Many tests, chemical studies, and x-ray investigations are required to differentiate thyroid, pituitary, parathyroid, and adrenal disorders from each other and from nervous or other diseases resembling them When the correct diagnosis has been made, striking improvement can be obtained in some instances"

Members of the Buffalo General Hospital Medical Staff have pledged \$400,000, the first contribution announced in the \$4,000,000 campaign to enlarge and improve the institution, General Chairman Carlton P Cooke announced on May 17

Agreeing to pool their subscriptions, individual staff members already have subscribed a substantial part of the goal, according to Dr Earl D Osborne,

committee chairman in clinrge of the project

"It can hardly be denied that physicians who are members of the staff, and those whose patients rely largely on General Hospital for their care, are best equipped to understand the need for additional hospital protection in this area," declared Chairman Cooke

"Their decision to assume such a large share of the fund is characteristic of their goodwill, which has long been manifest through the professional care of patients at Buffalo General and as members of the faculty of the medical school of the University of Buffalo"\*

Three of Ossining's banking institutions have given a total of \$10,500 in memorial subscriptions for the construction of units in the enlarged Ossining Hospital, Walter L Johnson, hospital president and chairman of the \$300,000 building fund campaign, announced on May 22

"The committee is greatly pleased to tell the i dents of this area about these subscriptions,"

Johnson said "Our banks are an integral par Johnson said community living, and in responding so readily help solve our community hospital problem, t once again demonstrate how well placed is the trust in which they are held "

Two nurses' stations and one of the two nurse on the maternity floor of the new wing will be m possible by the banks' action The Ossining Ti Company and the First National Bank each scribed \$1,500 for nurses' stations The Bank Savings subscribed \$7,500, the cost of a gl enclosed nursery for newborn citizens of the Ossir area

Other subscriptions amounting to \$6,700 h been received from Ossiming residents, Mr John also revealed. Mr and Mrs Pierpont V Da who subscribed \$2,500, have not as yet designs the special unit of the hospital they wish to me

rialize.

Another gift, totalling \$1,500, has been made Mr and Mrs William Cecil for the examinal room in the expanded nursery department and Mrs Wilham J Yates have subscribed \$1, for an isolation ward on the first floor of the i



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# Woman's Auxiliary

## To the Medical Society of the State of New York

### Letter from the President

Dear Auxiliary Members,

At the Spring Board meeting of the Woman's Auxiliary to the Medical Society of the State of New York I became your President

It is with a serious feeling of responsibility that I greet you, and hope that I may in some small way be able to follow the glorious example left to me by Mrs Carlton E Wertz, better known to us as "Betty"

Do you realize that in the Spring of 1946 we shall have reached the mature age of ten years-I hope V-J day shall have come and as we gather to cut the cake and talk over past achievements we will be ready for any or all tasks which the State Medical Society may have in store for us

I shall be most happy to hear from you at any time, to help you, always mindful of our parent body, the Medical Society of the State of New York, advising us upon all our activities

May I wish you all a very happy Summer, 1

hope to see you all early in the Fall

Sincerely,

MRS EDWIN A GRIFFIN

### County News

Broome County The May meeting of the Woman's Auxiliary to the Broome County Medical Society was held in Endicott at the home of Mrs Frank G Moore.

Mrs Manual M Monserrate, president of the auxiliary, presided at the business meeting, after which Mrs John H Robertson reviewed the book, "Chedworth," by R C Sherriff

Refreshments were served from a table with a center arrangement of pink and white sweet peas flanked by pink and white tapers Mrs Mark Welch and Mrs Monserrate presided at the tea table

Nassau County. The Woman's Auxiliary to the Nassau County Medical Society elected the follow-ing officers at its annual meeting held on May 22 in the Nassau Hospital auditorium president, Mrs Louis A Van Kleeck, president-elect, Mrs Nathaniel H Robbin, vice-presidents, Mrs E Freeman Miller and Mrs John Neubert, treasurer, Mrs George E Christmann, assistant treasurer, Mrs Austin Johnson, corresponding secretary, Mrs William Bartells, recording secretary, Mrs H S McCartney, and assistant recording secretary, Mrs Thomas Evers

As a result of a dessert bridge held on June 12 at the Engineers' Club in Roslyn the Auxiliary has contributed a substantial sum to the Physician's Home fund. This fund, state-sponsored, is designed to provide suitable living accommodations to ciderly physicians or their widows, whom circumstances deprive of personal resources. The auxiliary has

made an annual contribution to this project

Mrs John L Neubert, chairm an of the bridge,
was assisted by Mrs Louis A Van Kleeck and a
committee composed of Mrs R R Galione, Mrs
Arthur C Martin, Mrs George E Christmann, Mrs William G Burke, Mrs Thomas C Evers, and Mrs Michael J Dunne Table prizes were handkerchiefs, and there were many special awards

Mrs Van Kleeck entertained the executive board at a luncheon on June 20 when plans for the ten

which will close the season's activities were made
Oneida County The Woman's Auxiliary to the
Medical Society of the County of Oneida lield its
annual meeting on May 8 at the Yahnundasis Golf Club, New Hartford, with thirty-five members at-

Following the annual luncheon the business meeting, presided over by Mrs Bradford Golly, of Rome, was held, and officers for the coming year

were elected

Mrs Bradford Golly was re-elected president. The other officers are vice-president, Mrs Philip Turner, second vice-president, Mrs William Mernman, secretary, Mrs F Valone, recording secretary, Mrs R Hurd, treasurer, Mrs H Webb, historian, Mrs R C Hall, and directors for three years, Miss Helen Mellen and Mrs H M Mitchell It was also verted upon to purchase a \$50 war

It was also voted upon to purchase a \$50 war bond and to donate \$25 to the Red Cross During the year, twenty-nine members enrolled to make hospital supplies every Thursday afternoon at Rhoads Hospital, Utica From February 15 to May I, inclusive, six hundred hours have been devoted to that project

The next meeting will be held in October
Warren County The Woman's Auxiliary to the
Medical Society of the County of Warren held its
only meeting of the 1944-1945 senson on May 24 at
the Queensbury Hotel, Glens Falls A lumcheon preceded the meeting and election of officers folloned the reading of the annual reports

Mrs Lyman I Thayer was elected president for the coming year Other new officers are vice-president, Mrs John M Griffin, treasurer, Mrs John A Bannon, recording secretaries, Mrs Hilton H Dier and Mrs Leonard A Hulsebosch

Mrs Burke Diefendorf, president during the past

year, presided at the meeting

### Correspondence

Basic Science Law Vs Cults, A Brief

To the Editor

New York State has become the dumping ground for thousands of illegal practitioners of the healing The seriousness of the problem is little real-12ed In the State of Washington, prior to the en-

actment of a law in 1927 to combat a similar menace, there were being licensed four chiropractors to one doctor of medicine, New York State has 28,000 M D's It would be reasonable to say that

[Continued on page 1590]

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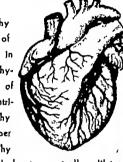
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[Continued from page 1588]

in our State, with no law at all to license chiropractors, the reverse proportion holds true and that

there are 7,000 chiropractors

Again, in '1937, Michigan passed a law similar to Washingtons, at that time Michigan had licensed more than 1,300 chiropractors Now, in New York State with a population approximately three times greater than Michigan, we might conclude that there are at least three times as many, or 5,000, chiropractors The exact figure is not known, but 5,000 is the lowest possible number that we should consider, this being exclusive of other cults

The Medical Practice Act in our State, after thirty years, has failed to curb their growth erally, to prosecute illegal practitioners meets with failure, the causes for this are several—the main being the obtaining of evidence, and second, the fact that no injunction can be obtained against

t.hem

Chiropractic as legalized in forty-four states claims for its dogma of the art of healing that disease is caused by some displacement of vertebra, resulting in nerve interference. It rejects all the sulting in nerve interference known facts of modern medical science, including As men of science, the medical probacteriology fession considers this cult a fraud and as nothing but the remnants of the charlatans of the nineteenth century Evidence of this is to be found in the fact that seventeen states plus the District of Columbia, states where chiropractors were already licensed, have passed similar laws which demand of this group as well as other systems of healing, such as M D 's, osteopaths, and dentists, the fundamental knowledge necessary to understand the human body The result of these laws is that chiropractic will be extinct in those states by 1960

In the interest of public health no system of healing should be licensed unless its practitioners possess that knowledge of the human body fundamental to any system of healing Those subjects are anatomy, physiology, pathology, bacteriology, physiologic chemistry, hygiene, and diagnosis. In view of the experience of the eighteen states and in the light of modern medical knowledge it is evident that chiropractic lacks scientific truth and therefore should not now or ever be licensed in New York

State

The proponents of chiropractic make the statement that when the Medical Practice Act was passed many undesirables were licensed as physicians, and therefore all chiropractors should be licensed now while in the future their standards should be so raised as to include the basic sciences

This argument does not hold and has no parallel

to the present, for

At the time there were no standards established by law which regulated the practice of medicine

The art of healing was not the exact science then that it is today

Medical science at that time could show positive progress based on scientific facts and was not based on the say-so of lay individuals, as is the case today for chiropractors

The fact that in eighteen states the Basic Science Law has existed since 1925, and that chiropractic will not exist there by 1960 shows that this group lacks scientific basis or truth for its existence and whatever good they may occasionally do is acci-

The fact remains that New York State is the dumping ground of many illegal practitioners and

in the interest of public health a new law is neces-

sary to eliminate this menace A basic Science Law somewhat like those passed by these eighteen states is the solution. This provides that those systems of healing whose practitioners are now licensed and any others who may be licensed in the future must possess as a prerequisite before seeking licensure from their respective boards a knowledge of anatomy, pathology, bacterology, physiology, chemistry, hygiene, and diagnosis Such a law would introduce a new term on the statute books, "practicing healing," or the "art of healing" and would include medicine, osteopathy, dentistry, and any other system of healing whose practitioners may be licensed in the future. This term is so defined that it lends itself to a greater interpretation than does the term 'Practice of Medicine' The preliminary requirements to study the basic sciences could be made similar to those demanded by our present laws, as it would apply only to those already licensed quently, a Basic Science Law in New York State would be superior to what it has been possible to have in forty-four other states where such a law must require low standards so as not to be declared unconstitutional on the grounds that it was discriminatory against a group (chiropractors) whose educational attainments are known to be low There would also be established a Basic Science Board composed of five men, not in active practice and engaged in teaching the basic sciences in the universities of our State, whose duty it would be to examine applicants and to issue a Certificate of Proficiency in the basic sciences which would be a prerequisite for further study and for appearing before any particular board for examination prior to being licensed

Such a law would shift the burden of proof from the law-enforcement agent to the person who holds himself qualified to treat the sick and would make possible the issue of injunctions, a thing that is not

possible today

The experience of the eighteen states in which a Basic Science law exists has been excellent. A report submitted to us by the Minnesota State Medical Society dated 1938 shows that "Before the advent of this law the number of chiropractors yearly licensed averaged forty Since the passage of the law (1927) the number licensed has averaged two Since the passage of the At the time the Basic Science Law was passed there were 400 odd chiropractors licensed to practice. After ten years this number has dropped to approximately 250"

I am sure that we, as physicians, will appreciate the value of such a law, and we hope that we, in our State, will close the barn door before the horse 18 stolen and that we do not do as other States have done, and as three other states are now contemplating doing, of closing the barn door after the horse is stolen

We trust that in view of the above, and in the public interest, we will have initiated a measure as outlined above to eliminate this menace to public

> CHARLES GULLO, M.D 24 Murray Street Mt Morris, New York March 27, 1945

Note —Attention is called to the fact that the House of Delegates, at the 1944 Session, after a full discussion of the matter, specifically disapproved the principle of a babic science law —Edilor



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#### **Books**

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

#### RECEIVED

The March of Medicine The New York Academy of Medicine Lectures to the Laity, 1944 Octavo of 121 pages New York, Columbia University Press, 1945 Cloth, S1 75

The Medical Clinics of North America. Chicago Number January, 1945 Octavo Philadelphia, W B Saunders Co, 1945 Published bimonthly (six numbers a year) Cloth, \$16 net, paper, \$12 net

A Test for Color Blindness By P B Wiltberger, M D Sextodecimo of 7 pages, illustrated Columbus, College Book Co, 1944 Paper, \$100

The Anatomy of the Female Pelvis Including a Description of the Placenta and Its Formation and the Foetal Circulation By C F V Smouth, M B, M R.C S With sections on The Histology of the Female Reproductive Tract and a chapter on Ovarian Endocrine Function By F Jacoby, M D, Octavo of 190 pages, illustrated Baltimore, Williams & Wilkins Co, 1943 Cloth, \$800

Red Lights on The Horizon By H. Ameroy Hartwell, M D Duodecimo of 22 pages, illustrated Boston, Bruce Humphries, 1944 Board, \$1.00

Uncle Sam Convalescing By H Ameroy Hart-

well, M D Duodecimo of 79 pages, illustrated Boston, Bruce Humphiies, 1944 Cloth, \$2 00

Clinical Roentgenology of the Digestive Tract By Maurice Feldman, M D Second edition Octavo of 769 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, \$7 00

Tropical Medicine By Sir Leonard Rogers, M D, and Sir John W D Megaw, M B Fifth edition Octavo of 518 pages, illustrated Baltimore, Williams & Wilkins Co, 1944 Cloth, \$6.50

Trichinosis By Sylvester E Gould, M.D. Octavo of 356 pages, illustrated Springfield, Ill., Charles C. Thomas, 1945 Cloth, \$5.00

Endocrinology of Woman By E C Hamblen, M D Octavo of 571 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, SS 00

Case Studies in the Psychopathology of Crime A Reference Source for Research in Criminal Material Vol 2 By Ben Karpman, M D Quarto of 738 pages Washington, D C, Medical Science Press, 1944 Cloth, \$16

Microbial Antagonisms and Antibiotic Substances By Selman A Waksman Octavo of 350 pages, illustrated New York, Commonwealth Fund, 1945 Cloth, \$3 75

#### REVIEWED

The Sick African A Clinical Study By M Gelfand, M B Octavo of 373 pages, illustrated Cape Town, S A, Stewart Printing Co, 1944 Cloth, 25/-

The Sick African is not likely to be much read by Americans, yet all of it is interesting and some of it valuable

The body of the volume is devoted to a study which seems to be sketchy but which is, no doubt, adequate of the most common illnesses found among natives in Africa. The discussions are brief but practical and intelligent, and the photographs are noteworthy

The chapter on "The Patient" is easily the most valuable for Americans, especially those who are called upon to treat the medically backward peoples. There are invaluable suggestions on history taking and routine management of disease among such peoples. There are important notes on the incidence and distribution of disease in Africa, and one learns, with some surprise, that illnesses such as rheumatic fever are not at all uncommon in the jungle.

MILTON PLOTZ

Malaria Its Diagnosis, Treatment and Prophylaxis By Col William N Bispham, M D, USA, Retired Octavo of 197 pages, illustrated Baltimore, Williams & Wilkins Co., 1944 Cloth, \$3 50

Designed as a clinical treatise, this book presents a timely discussion of a subject in which all doctors, regardless of locality, will be interested. Its greatest value will be to those stationed in areas in which malaria abounds. However, with the shift in population and the return of members of the armed forces all physicians will have to consider malaria to a greater or lesser extent in their work.

Symptomatology, complications, diagnosis, pathology, and treatment are dealt with in detail with a special chapter devoted to blackwater fever. The preventive aspects are especially well-handled, and there is an excellent chapter on the prevention and treatment of malaria in West Africa which can serve as a model for those stationed in endemic areas.

The author does not hestate to give his own opinion of various conflicting ideas. This helps make the book very readable even if a reader does not always agree with all the theoretic aspects

This is essentially a practical book. Reflecting experience gained in the field of malaria, it is valuable for its detailed evaluation of treatment and prevention

VICTOR GROVER

Rebel Without a Cause The Hypnoanalysis of a Criminal Psychopath. By Robert M Lindner, Ph.D Octavo of 296 pages New York, Grune & Stratton, Inc., 1944 Cloth, \$4.00

[Continued on page 1594]

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[Continued from page 1592]

The importance of psychiatry has recently been stressed because of the many neuropsychotic casualties in the war Considerable progress has been made in the understanding and treatment of psychoses as well as neuroses However, constitutional psychopathic inferiority has received but relatively little attention This behavior disorder is socially more serious than either the psychoses or the neuroses, for it has a strong social implication. The psychopath is really excommunicated from socially acceptable goals and in his lack of inhibitions he not infrequently causes a good deal of harm to many with whom he comes into contact Many of these psychopaths will be found in the various groups comprising the different isms, such as the Nazis and the Fascists The horrible crimes committed by the Nazis on their conquered subjects can best be explained by the plans and deeds of their psycho-pathic leaders. Many of the seditious groups which have recently held the attention of our own people are led by psychopaths. Relatively little has been done to evaluate the physiologic and biologic implications of the psychopathic behavior of these groups Therefore, this book is a very timely and important contribution, for it deals with the analysis of the mechanisms of a psychopath who has been thoroughly studied by Dr Lindner and surveyed under the most favorable circumstances. The author has taken that which he felt was best in psychoanalysis and hypnosis and has employed a technic of his own which he calls "hypnoanalysis"

This book is a positive and valuable contribution to psychiatry and should have a very wide circulation among not only psychiatrists but all intelligent

people It is highly recommended

IRVING J SANDS

A Laboratory Manual of Physiological Chemistry By D Wright Wilson Fifth edition Octavo of 269 pages Baltimore, Williams & Wilkins Co, 1944 Cloth, \$2 50

The fifth edition of this laboratory manual of physiologic chemistry has been carefully revised and numerous changes made throughout. It consists of two parts. The first part deals with qualitative and quantitative analysis of inorganic constituents such as phosphorus, calcium, magnesium, sulfur, carbon, and nitrogen. There are also chapters on electrolytic dissociation, colloids, alcohols, carbohydrates, proteins, and fats. The second part describes experiments which furnish knowledge and experience in biochemical technic on such material as saliva, gastric and duodenal juices, milk, blood, bone, muscle, bile, and urine. Experiments on the cell nucleus, metabolism, and dietary deficiencies are included in the text. On the whole, the subject is presented in a clear and concise manner.

EDWARD N NIDISHO

Foster Home Care for Mental Patients By Hester B Crutcher Octavo of 199 pages New York, The Commonwealth Fund, 1944 Cloth, \$2.00

This form of treatment, which has been accepted in European countries for many years, was officially put into operation in New York State in 1935. It provides for the care of carefully selected patients outside the hospital by families other than their own. It is contended that this form of treatment would release space in state hospitals for other patients, it provides care for the patient at lower

cost than hospital maintenance, and a large proportion of patients so placed make a relatively perma-

nent and satisfactory adjustment

Miss Crutcher, who has had a great deal of experence in the state liospitals of New York, made an exhaustive study of this method of treatment before the war. She is convinced that the mental casualties of this war will more than tax the available facilities and that serious consideration must be given to the foster care of mental patients.

The book is well-written and the facts which are

presented are easily assimilated

JOSEPH L ABRAMSON

The Art of Anaesthesia By Paluel J Flagg, M D Seventh edition Octavo of 519 pages, illustrated Philadelphia, J B Lippincott Co., 1944 Cloth, \$6.00

This is a valuable book for all first-aid services in military, industrial, and medical fields. It discusses the physiology of the vital functions of respiration and circulation, describes the pathologic effects of asphyxia, and shows how to prevent and relieve its

disastrous presence

The whole secret in the control of asphyxia is the patency of the upper air passages. The author stresses artificial respiration by the two commonly accepted methods and with this the introduction of an intratracheal tube through the larynx. Suction through the tube is required in cases in which fluids have collected in the air passages. Circulatory stimulation is secondary, the primary consideration is always restitution of the respiration with satisfactory oxygen intake.

All first-aid workers in any calling which involves the danger of suffocation should study this book or at least have it handy for reference in case of emer-

gency

G W Tong

History of Gynecology By Richard A Leonardo, M D Octavo of 434 pages, illustrated New York, Froben Press, 1944 Cloth, \$3 00

A compilation of data on the progress of gynecology throughout the ages, the discussion in this book is, for the most part, concerned with concepts, treatments, and operative procedures. The bibliography is fairly large and twenty-five illustrations are grouped at the end of the book.

Neither the selection of material intended to show the progress made in the modern era nor the method of its presentation meets with the approval of the

reviewer

CHARLES A GORDON,

The Diagnosis and Treatment of Acute Medical Disorders By Francis D Murphy, M D Octavo of 503 pages, illustrated Philadelphia, F A Davis Co, 1944 Cloth, \$6 00

The author has called upon his experiences to set down the essentials of diagnosis and treatment of acute medical disorders in a simple, terse manner. The acute complications of a largo number of chronic diseases have been included. There are no references or bibliography

It is unfortunate that publication was not delayed until the author's experience with penicillin could have been included. It is mentioned only once Many internists will question the preference given sulfamiliamide and sulfapyridine over other sulfon-

amides

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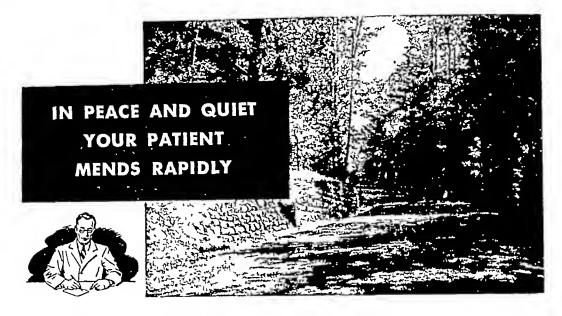
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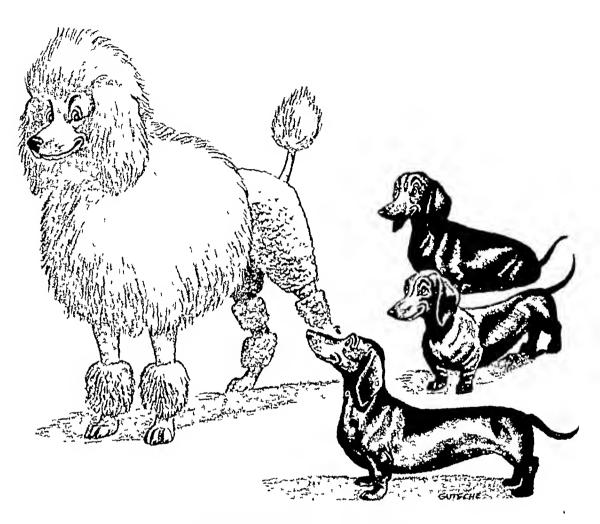
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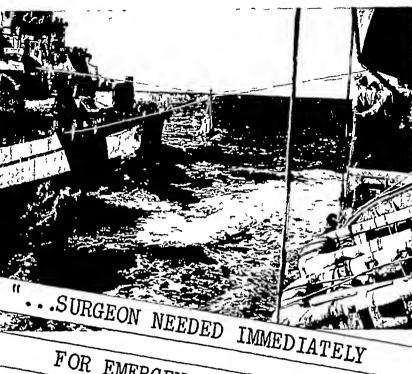
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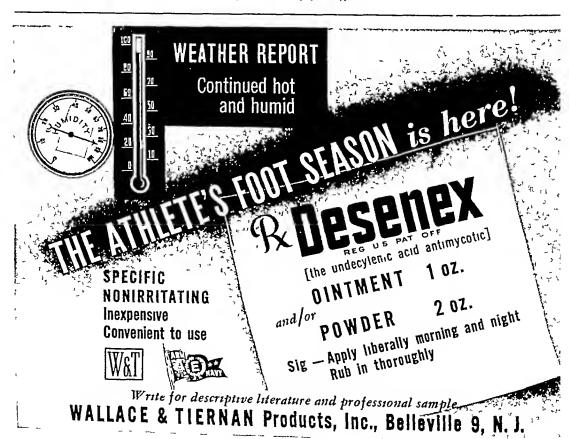
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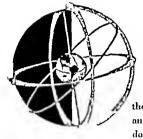
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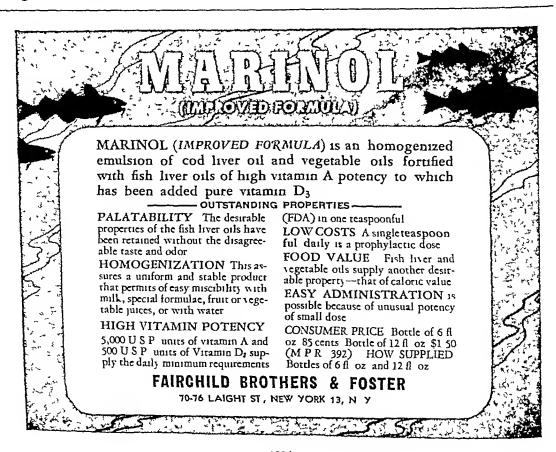
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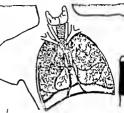
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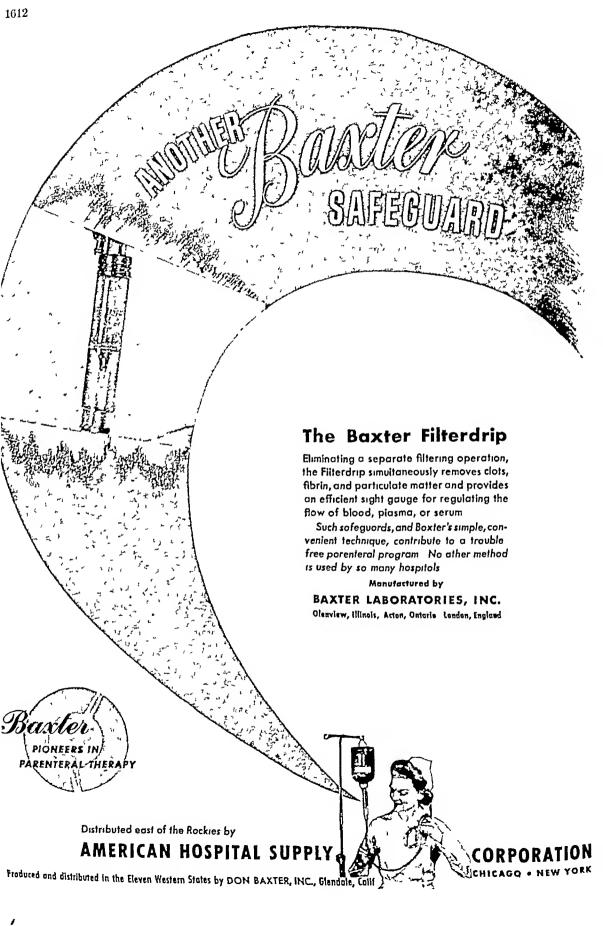
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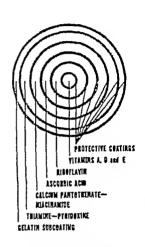
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Riboflavin		3 mg.
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Response to Ertronization, evidenced by increased motion and muscle strength, decreased swelling, and a generalized systemic improvement, is typical of the findings in large series of reported cases

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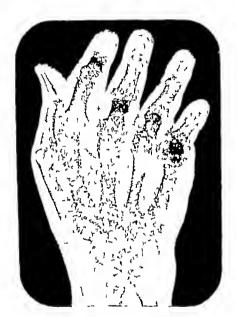
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2½ grains

Physicians in private practice as well as in neurological clinics have widely prescribed these pills since 1929, and their continued interest in and use of them point to the service-ability of this therapy

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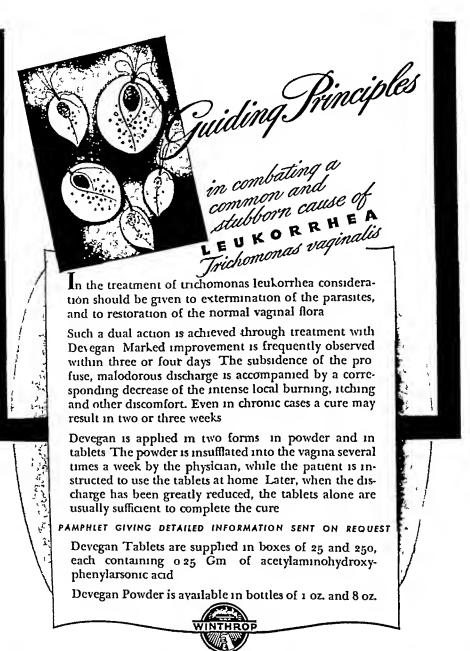
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FOR A TRULY POWERPUL SALICYLATE THERAPY

- Cohern, A. F.; Saleylaso Therapy in Rhomman Perer. Bull. Julius Hope. 19: 484 (Dec.) 19:15.
   Samil R. Wieren, R.; and Exhaul F. The Pifort of Salam Revolution on
- 2 Smith N. Wegter, R., that teledal, J. The Effect of Vaccous Begrhades the Serom Belocylar Level, J.A. M.A., 221: 1173 (Aug. 26) 1914, 5, New ad Hoodilgal Remydox, 1913 p. 57

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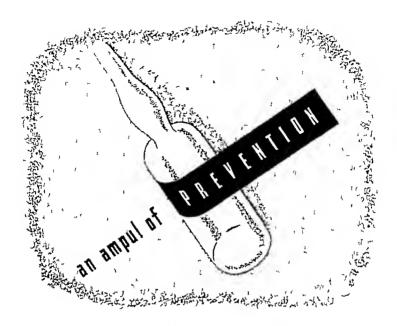


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This new synthetic estrogen has all the physiological and clinical action of the natural estrogenic hormone. It is effective either by mouth or by injection and has an unusually low incidence of side effects, even when given in amounts far in excess of those usually employed in human therapy.

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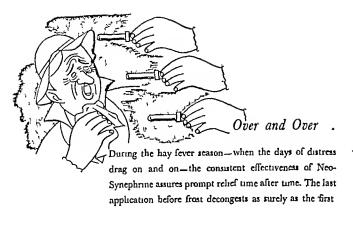
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INDICATES for symptomatic relief feet common cold, sinusitis, and mail analisentations of allergy



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\*Kroger W S, and Freed, S, C Am J Obst & Gynec 46 817 (December), 1943

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In Bottles of 100 and 500 . Each product contains-Acetophenetidin gr 236 . Caffeine gr 14. Acetylsalicylic acid gr 334 . Also 'Tabloid' Empirin' Compound with Codeine Phosphate 'Tabloid' Empirin', Reg. Trademarks







Digitaline Nativelle, the chief ac tive glycoside of digitalis purpures in pure crystilline form fulfills every point demanded by the Couocil on Pharmacy and Chem istry\* for an effective digitalis principle

A potent pure principle which is completely absorbed from the exattrointestinal tract would make it possible to digitalize rapidly by oral administration without the danger of local initaot action of the large amount of nonabsorbable glycosides

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\*N N.R. 1944 page 303

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BACTRATYCIN, antibiotic ointment, stable and nontaxic, presents tyrathricin in true salution—nat in suspensian—imparting a desirable degree of tissue penetration

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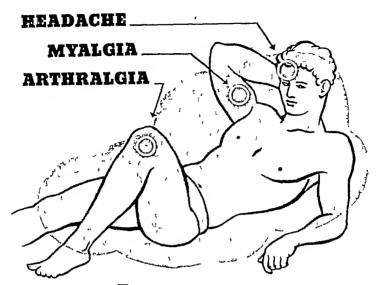
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#### ACETYL-VESS

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\*The Pinrmacological Basis of Therapeutica, Goodman, L. and Gäman, A. Analgesion and Antipretica, New York, The Macmillan Company 1941 p 227



Vitamin B holds a well-recognized place in the treatment of alcoholism. Alcoholic polyneuropathy is said by Jolliffe to be unquestionably due to vitamin B, deficiency Romano<sup>2</sup> states that both vitamins B<sub>1</sub> and B<sub>2</sub> have definite value in this condition It is also believed that the addition of nicotinamide hastens recovery of the (Spies, Sydenstricker, Jolliffe)

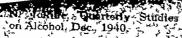
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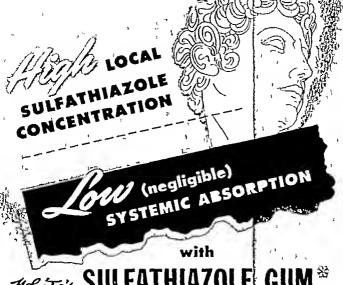
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John Romano, Amer Jour, Med





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1 promptly provides a high salivary concentration of locally active (dissolved) sulfathiazole

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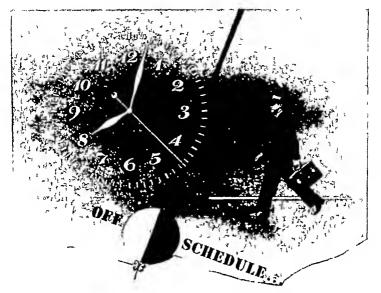
any changes such treatments make in the shape or size of the feet Pediforme shoes are prepared through experienced craftsmen to make the necessary adjustments as prescribed by the orthopedic surgeon or physician in these cases

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\*"Bactericidal Efficiency of Iodine Solutions and Organio Mercurial Antiseptics", Amer Jour Pharm, 117.5 (Jan.) 1945



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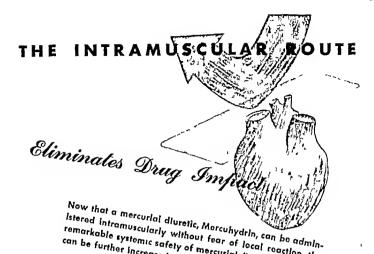
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#### SOVIET GRAMICIDIN

Penicillium notatum and other fungi are not the only kind of microorganism producing a substance highly lethal to other species and capable of use as an It is now nearly ten years since Dubos extracted such a substance from cultures of an aerobic sporogenous bacillus, Bacillus brevis, and called it gramicidin, from its remarkable lethal action on the gram-positive pyogenic cocci stance was later found to contain two elements one to which this action was mainly due, and another, tyrocidine, which also killed gram-negative bacteria and was more toxic to mammalian cells—It is now thought that the two should be used in combination, and such a product is now available commercially under the name of tyrothricin There have been favorable reports on its use as a local antiseptic for a variety of purposes Meanwhile, GF Gause and MG Brazhnikova, of the Institute of Tropical Medicine, Moscow, have examined several hundred strains of aerobic sporogenous bacilli cultivated from Russian soils, and discovered one which produces an antibacterial substance, to be named "gramicidin S" (Soviet gramicidin), which differs from tyrothricin, though it is of similar composition and action. The properties of this substance and its clinical use have now been described in both the American<sup>1</sup> and English<sup>2</sup> medical press Extraction from cultures is a simple process furnishing a high yield of a single readily crystallisable substance, having a much higher melting point (268-270 C) than either constituent of tyrothricin, like these substances it is a polypeptide, but differs in the number and proportion of its amino acids contains a high proportion of leucine—a fact of some interest in that S W Fox, et al \* have been studying isomers of leucine with a view to determining the nature of the action of antibacterial polypeptides. They find that d-leucine inhibits Lactobacillus arabinosus, whereas l-leucine is a factor required for the growth of this organism—a relationship strongly suggestive of the sulfonamide type of effect

Gramicidin S acts on a wide range of bacteria, including gram-negative species, and is very highly active—more so than tyrothricin—against staphylo-Experimentally it has been shown to have a prophylactic action against gas gangrene, it would have been interesting if some other antiscptics had been employed in these tests for comparison Clinically it has been used successfully in both the prophylaxis and treatment of wound infections, and in treating ostcomyelitis, empyema, and certain skin infections. Its toxicity is about equal to that of tyrothricin, which means that it is suitable only for local application, though the injection of a fairly large quantity into a closed cavity, such as an empyema, has evidently no ill effects. Has this kind of biogenic antiseptic any future, assuming that penicillin, which vastly excels it in some of its properties, will soon be freely available? The answer seems to be that it has one certain and one possible advantage over penicillin. The former is its action on gram-negative bacilli (Proteus and Bact coli, no data mentioned for Ps pyocyanea), since against these penicillin is powerless possible advantage is greater local persistence owing to its high degree of insolubility, whether this in fact occurs cannot be deduced from the available information—Brit M J, March 3, 1945

<sup>&</sup>lt;sup>1</sup> War Med 6 180 (1944) <sup>2</sup> Lancet 2 715,716 717 (1944) <sup>3</sup> J biol Chem 155 465, (1944)



istered intramuscularly without fear of local reaction, the remarkable systemic safety of mercurial divrotics as a class can be further increased Because it is better tolerated locally, Mercuhy

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——Gold, H., et al., J. Pharmacol & Exper Therap 32 187-195 (Oct.) 1944

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#### **Editorial**

#### Rabies Control

Rabies, one of the most highly fatal discases known to animal and man, has again appeared in New York State Thirteen counties have been certified by the Commissioner of Health to have rables existing among dogs The appearance of this disease in many areas, quiescent for years, raises anew the question of mothods of con-The disease is transmitted almost wholly by carmy orous animals, especially the dog, because these animals naturally attack by means of thoir bite. The dog appears to be the natural host of the rabies While other species contract the disease, the dog appears to be, directly or indirectly, the main disseminator of the virus. Interruption of the cycle of rabies. therefore, involves control of the disease in dogs. It is desirable at this time for all physicians to be familiar with the methods of control and with the importance of the efficient discharge of these mothods, for man, while not highly susceptible to the rables virus, does occasionally develop the disease and is frequently exposed through bite wounds which require vigorous preventive treatment.

How rables may be eradicated has long been known The question which always presents itself is how to apply what we know Here controvers; has led to confusion and lack of cooperation on the part of the public. Most studies of the effectiveness of rabies vaccine in the field have combined impounding or destroying the stray, homeless dogs of the area.1 Which of these procedures coninbuted most to the reduction in incidence of rabies among dogs remains obscure 1939 Webster? found that many phenoltreated vaccines did not protect laboratory anımals Habel\* 4 found wide variability in the protective action of commercial vac-Ho developed what is now known

\* Habel L.: ibid 50 041 (1941)

Johnson Harald: Proc U.S. Live Stock San Assoc 130 (Dec.) 1043.

\* Websier L. T: J Exper Med 70, 87 (1039)

\* Habel L. Pub Health Rep. 55: 1610 (1940)

\* Habel K. fbd. 55: 1473 (1940)

as the "Habel Test" of potency of rabies This test has been adopted as a necessary prerequisite before offering any commercial vaccine for sale in the United Vaccine immunization thus has It becomes clear, received a fresh impetus therefore, that judgment as to the effectiveness of prophylactic vaccine for dogs should take into consideration whether the series reported was before or after the advent of the compulsory Habel Test of potency for commercial vaccines as adopted by the United States Department of Agriculture Vaccines composed of killed virus are now used in preventive treatment for humans, replacing the dried rabbit-cord preparation advocated by Pasteur

Recently Habel, working on the theory that with virus diseases the effectiveness of immune serum ceases once the virus has entered the susceptible cell, has restudied the possibilities of seroprophylaxis through the use of immune serum. A new and improved method for the production and concentration of rabies-immune rabbit serum has been found The protective effects found with laboratory animals warrant a trial, as soon as it becomes available, of immune serum either alone or combined with vaccine, in the prophylaxis of rabies in

Outbreaks of rabies at the turn of the century both in Europe<sup>7</sup> and in this country were effectively stopped by dog-control measures only It seems logical to assume that if both dog-control measures and vaccination of dogs were brought about, the present outbreak would abate promptly

Article 3 of the Public Health Law, with the amendment which became effective April 2, 1945,8 clearly outlines the responsibility of both doctor and layman in the prevention of the spread of rabies in counties certified as having rabies by the Health Commissioner What about the counties not certified, but in the direct path of the infection? Here the physician can be of great help to the cause Because sounder

and other preventable infections? Physicians should be familiar with diagn tic and treatment procedures plans of control are possible before the disserved and observed for symptoms 4 Habel, K Pub Health Rep 60 545 (1945) A New York State J Med 9 41 (Feb.)

ease strikes, it is advisable that communit now free, but near infested areas, set control measures early 9 These will met with resistance by the dog-owner pi lic, however, history has shown that co trol is absolutely essential Modern vi cines will no doubt decrease the susceptif ity of the dogs vaccinated, but the stra homeless dog does not receive vaccine a becomes a focal point of danger to be animals and children because of the ter ency of the rabid dog to travel many mi before death ends the struggle Therefore voluntary community council at cour level for rabies control, set up well ahe of the actual time when the Local Board Health takes over by law, seems desirah Such a council could consist of a vetern ian, a local health officer, the district sta health officer, a dog owner enjoying put confidence, and a representative of t board of supervisors This council shor be responsible for public education regain ing measures of control and immunization should provide for vaccine prophylaxis dogs through the veternarians of the cour at a nominal fee, should instruct the pub concerning their responsibility in reporti immediately all animal-bite wounds to th physician or health officer so that wour may be promptly treated, and should: struct the public to confine under compete veterinary supervision every suspected de especially those known to have bitt animal or man If such a council exist and functioned in each county, perior outbreaks in neighboring counties would i spread Waiting until the first case ! pears before alerting an area results in 1 necessary emotional activity on the part the public—yet the law cannot take he until the area is "certified" How would we have gone if the same formula h been applied to the control of typhoid fer

should be thoroughly cleaned and caut ized immediately The dog should be p has been demonstrated that the virus m be in the saliva a few days before sympton

<sup>7</sup> Moore, V A I Laws of New York, Chap 414, Public Health Law, 1945

<sup>&</sup>lt;sup>9</sup> Zeissig, A Veterinary News 8 3, 6 (April) 1945

dovclop 10 Negri bodies are demonstrated more frequently in the brain cells of animals late in the disease. If the bite is around the head, it is well to proceed with prophylactic treatment immediately. If superficial or in an extremity, one is justified in waiting for diagnosis. But, here again, reports may be confusing. The diagnostic laboratory to which the head is sent may be able to report positive lieads immediately

<sup>10</sup> Schoening H W Nearbook of Agriculture Washing ton D C. Oovt Printing Office 1942 p. 1113. If Negri bodies are found in the impression smear. If these are negative, fixed sections are made. If the sections are negative, injection of susceptible mice may require two weeks before a definite opinion can be had. The decision for prophylactic treatment of a person bitten on the face or under susplicious circumstances cannot wait for a positive laboratory diagnosis. Experimental morbidity curves show the danger of deliay and therefore the physician may be called upon to make a decision on circumstances plane.

#### That Bill Is In Again

The power to tax is the power to destroy Messers Wagner, Murray, and Dingell bave once again introduced into the Congress of the United States, where it has been referred to the Committee on Finance, S 1050, a bill to "provide for the national security, health, and public welfare" This bill seems to be as good an example of Justice Taney's axiom as any we have yet seen, and far more expensive than last year's comparatively tunid attempt by the same authors to extend social security benefits

We think it is time to examine what can be destroyed by the power to tax. Primarly, the initiative of private enterprise is undermined by fear of the unbridled and reckless exercise of the power to tax, secondarily, the sources of tax revenues are dried up when profits cease to exist. Of the bill the New York Times says in part

"The measures would establish a national social insurance system consisting of prepaid personal health service, unemployment and temporary disability insurance benefits up to \$30 a week on a uniform national basis, and retirement, survivors, and total disability insurance with more liberal benefits than in existing law. They would provide grants to States for expansion of health services, maternity and child health and welfare services. They would in augurate a program of Federal grants and loans for construction and expansion of beepitals and bealth centers. They would extend the coverage of the social insurance system to an esti-

1 May 26, 1945.

nated 15,000,000 additional persons—farm and domestic workers, employes of nonprofit institutions, independent farmers, professional persons, and small business men

"It is a central aim of social progress to mitigate the hazards of unemployment, need, sickness, disability, and old age for the individual Every stop is to be welcomed by which this can be done without itself introducing equal or greater hazard. This indicates the questions to be asked of a proposal like the Wagner-Murray-Dingell bill Will it provide relief where it is not needed? Will it mitigate the penalties for failure or misfortune without weakening the incentives to production and success? Will it provide aid to individuals without making them politically dependent and without dangerously extending the power of the central Government?

"Under the bill as it stands it is more than doubtful whether these questions can be answered satisfactorily. Even under the present social security program we face problems for which we have not yet produced adequate answers. You under the new bill wast new programs would be undertaken and existing programs would be tremendously liberalised.

"The Federal government would pay un omployment benefits for twenty-ax weeks (far beyond the average length of time for which such benefits are now paid by the States), and it is oven provided that the duration of benefits may be extended to a maximum total of fifty-two weeks. A schedule is provided, also, under which a worker making when employed an average of \$40 a week could draw as high as \$30 a week unemployment benefit. This schedule is also far above the average of what the States

now pay Would not such payments tempt the creation of the very unemployment they are designed to meet? If a man who can get \$40 a week for working can draw \$30 a week for not working, then so long as he is entitled to draw benefits he is in effect working for only \$10 a week that is the way many will naturally look at the matter when they are asked to take a job, or when they consider giving themselves a vacation at Government expense

No one can accuse the New York Times of holding a brief for reaction to real social progress. Nor does this Journal oppose rational liberalization of existing medical and social theory and practice, but to us there seems to be more than a little reminiscent of the Mississippi Bubble psychology in this most recent promotion of Messers Wagner, Murray, and Dingell Says the Times further

"A question must be raised about the total costs of this bill, which its sponsors seem to treat so lightly. An 8 per cent tax on payrolls (4 per cent to be paid by workers and 4 per cent by employers) is in itself an extremely high tax. It is a direct tax on employment. Hence it tends to discourage employment, the very thing upon which our whole welfare and prosperity, including the success of social security plans, must depend. Yet there are strong reasons for thinking that the sponsors of this bill have

greatly underestimated the cost of their measure, and that this 8 per cent tax would not be nearly adequate, after a few years, for what they propose

"The tremendous financial commitment involved in the Wagner-Murray-Dingell bill ought to involve the most careful study, even in a period when the budget is balanced and on a relatively manageable level. To undertake it lightly at the present time, when the budget is already unbalanced to an unparalleled extent by war, and when the path back to balance and manageability is already far from clear, would be an assumption of obligations without considering how they are to be paid."

We recommend to the authors of this legislation the perusal of Mr Aesop's fable of the "Goose that Laid the Golden Egg". It seems to have more than a little applicability in the piemises

Exhaustive examination and debate of this bill in the light of the unsolved problems of the present social security program will probably disclose its potentially inflationary character in view of the fact that no effective ceilings have been placed on wages for political reasons. Ten years is a long way to look ahead. And whether for one year, five, or ten, the unwise use of the power to tax, from whatever motives, is still the power to destroy.

#### Current Editorial Comment

#### Of This and That

HR 1391, a bill to establish a Department of National Health, was introduced on January 11, 1945, in the House of Representatives by the Hon A L Miller of the Fourth District, Nebraska

The bill provides for a secretary of Cabinet rank

It appears that there are now in the national government some thirty-two federal agencies dealing with various phases of health

Dr Miller is of the opinion that a Secretary of National Health might consolidate

some and eliminate others of the overlap-

ping activities of these agencies

The idea appears to be sound Some such action was first called for about thirty-seven years ago by the AMA, if memory serves us correctly The present bill has been referred to the Committee on Expenditures in the Executive Departments We should like to see it reported favorably. It would doubtless be of assistance to Dr Miller to have those physicians who approve the bill write to him saying so. It is a move in the right direction.

#### THIOURACIL A REVIEW OF ITS CLINICAL INDICATIONS

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R ECENTLY, several observers reported the production of gotters, accompanied by hypometabolism, in animals treated with certain sulfonamides and dorivatives of thiourea 1-1 These substances were found to interfere with the synthesis of thyroid bormono Thoy had no effect on the action of preformed thyrold hormone, however The goltrogenic notion was believed due to pituitury overstimulation, for pituitectomy abelished the effect. The gortrogenie and hypometabolic action could likewise be presented by the concomitant administration of thyroun but not by rodino or duodotyrosine 1.8 Thiouracil (2-thio, 0-oxypyrimidine) was found to be the most active drug in producing these effects. Astwood applied this drug clinically in the treatment of human thyrotoxicosis and observed a lowering of the basal heat production, gain in weight, and restoration of the patient to clinical normalcy, following its use 16 These observations were confirmed by Williams and his coworkers, who found also that the pretein-bound indine level of the blood was restored to normal 11 Since then the efficiency of thlouracil in controlling the symptoms of hyperthyroldism has been abundantly confirmed.12-29 The effect of thiouracil seems preferable to rodine in that its action is sustained and progressive. The drug has been used successfully both as n preoperative agent16-16 and as an entirely medical therapy for thyrotoricosis 13-15 Thiouracil has proved successful in controlling cases in which iodino failed to alleviate the symptoms

Notwithstanding the brilliant results attending the use of thiournal, it has proved a somewhat toxic agent Agranulocytosis and leukopenia have followed its use 18-13-14 Occasionally the former complication has been fatal 22-25 Febrile reactions, skin makes, cervical adonopathy, urticaria, arthralgia, hematuria, and transient edema are known to occur 12 Because of this knowledge, some discretion must attend the use of the drug

It is the primary purpose of this paper to consider the indications in which we believe thiournel to be the best available agent for the centrel of thyrotoxicosis. We do not wish to imply that these indications necessarily constitute a basis for the general substitution of thiournell for sur-

gery Wo shall also indicate certain general precautions to be observed in the use of this powerful infitthyroid drug. The opinions which we express are based on our personal experience with the drug, which started in 1943 in Dr. Robert II Williams' laboratory at the Thoradako Memorial Laboratory. This experience is continuing at present in our own clinic.

#### Inducations for the Use of Thiougacil

1 Uncomplicated Hyperthyroidism—Mild thyrotoxicosis is easily controlled with thlouracil, but since such cases usually respond equally well to todine, thiouracil probably offers little advantage in their treatment. The possibility of a toxic reaction to thiouracil may even constitute an indication for the use of todine in such cases

It is our considered opinion that severe hyperthyroidism, whother necompanying a nodular or a diffuse hyperplastic gotter, is best treated with thiouracil This judgment is based on sayeral facts (a) The action of thiouracil is predictable and sustained If the treatment is con tinued for sufficient time the clinical state of the patient and the basal expres consumption will become normal There is no chance of a refractory state developing comparable to loding fest-(b) The response to thlouracil is rapid in severe cases.10 \*\* Within three to five weeks one may expect the patient's return to clinical normalcy accompanied by weight gain and a normal basal metabolle rate. The adenomatous golter may be expected to be slower than the diffuse byperplastic gland in its response to therapy (c) Thiouracil is a more dependable preoperative medication than loding. When thiournell is being used as a preoperative agent, the surgeon may safely wait until the patient's clinical status and basal metabolic rate are normal before attempting the operation. Often, with the use of iodino, the surgeon is compelled to operate nt such time as ho believes the patient has the hencfit of the full lodino effect, even if the clinical state and basal heat production are still abnormal (d) Thiouracil insures a smooth postoperative course. Since thiournal interferes with the production of thyroid hormone, we believe that its preoperative use probably safeguards against thyroid "storm," the most serious postoperative complication of thyroidectomy Tho operative

Paper prepared for presentation before the Annual Meeting of the Medical Society of the State of New York scheduled for Buffalo, May 1946.

and postoperative course of patients prepared for surgery with thiouracil has been shown to be more satisfactory than those prepared with iodine <sup>22</sup> (e) Thiouracil allows the patient to remain ambulatory Except in the cases of extieme weakness or heart failure, it is not necessary to confine the patient to bed while he is receiving thiouracil. We have allowed many of our cooperative patients to continue their usual occupations (which were often quite strenuous) during therapy, without noting any loss of the drug's therapeutic efficiency. This advantage is often of considerable economic importance to the patient.

- Recurrent Thyrotoxicosis -The exacerba-2 tion of thyrotoxicosis at varying intervals after subtotal thyroidectomy is well recognized Often in such cases both the surgeon and patient are wary of another operation which may likewise prove unsuccessful In such cases thiouracil offers a new and promising form of therapy Should it be decided that a second operation is best avoided the patient may be maintained successfully on thouracil After six to twelve months the drug may be stopped and the permanence of the remission evaluated If not sustained the patient may again be controlled on thiouracil for a further period of time
- 3 Thyrotoxicosis Which Has Not Responded to Iodine—Not infrequently adequate iodine therapy fails to control the hyperthyroid state, or the patient becomes iodine fast, with exacerbation of his symptoms in spite of continued iodine administration. Thiouracil is definitely indicated in such cases. It should be appreciated, however, that such patients will respond more slowly and less dramatically to thiouracil than patients who have had no previous iodine treatment. If thiouracil is administered for a sufficient time the symptoms of the disease will remit in the anticipated manner.
- Thyrocardiacs, Thyroid Cachexia -In certain cases of thyrotoxicosis the metabolic effects have been so severe and uncontrollable that the patient is left a physical and emotional wreck In others, cardiac disease has accompanied the process, resulting in severe and virtually uncontrollable heart failure Heretofore, such cases were probably the most difficult medical-surgical problems in thyroid disease Thiouracil has achieved brilliant results in such instances have seen several patients in whom the use of the drug was life-saving In our opinion the thyrocardiac and the thyrocachectic patient indicate the use of thiournal in preference to other forms of therapy Whether surgery 13 eventually employed in these cases is a matter of consideration and judgment for the physician in view of the circumstances involved

- Thyrotoxicosis Associated with Severe Oculopathy - Certain cases of hyperthyroidism (usually somewhat mild), associated with marked ophthalmoplegia, show marked increase in the eye signs following surgery In such cases we believe that thiournal offers a better type of therapy than does surgery It should be recalled that the eye signs in these cases are probably due to pituitary overstimulation28 which is further increased by thyroidectomy Thiouracil therapy is also accompanied by pituitary overstimulation (supra vide) However, by the appropriate control of the dosage of thiouracil, often accompanied by the use of thyroid extract,30 the oculorathy may be controlled successfully at the same time that the toxicity is being corrected. Since postoperatively these cases may proceed to a state of malignant exophthalmos, we believe that in these selected cases thiournel is a preferable substitute for surgery as the treatment of choice
- 6 Thyrotoxicosis Accompanying Infections, Especially Tuberculosis—Often thyrotoxicosis is precipitated by an acute infection, or develops during a long-standing one. In such instances, especially in tuberculosis, thiouracil offers a successful means of controlling the thyrotoxicosis at a time when surgery may be impossible or inadvisable.
- 7 Thyrotoxicosis Accompanying Pregnancy—
  The avoidance of surgery during pregnancy whenever possible is generally practiced. This would seem to apply especially in those cases of a major surgical manipulation such as thyroidectomy. We'll have successfully treated thyrotoxicosis accompanying pregnancy and are inclined to nominate this therapy as the one of choice. There are no deleterious effects on the infant.
- 8 Thyrotoxicosis in Children—When thyrotoxicosis occurs in children, often it begins around the time of puberty. This may be associated with the increased thyroid activity and mental instability of the period. It has always seemed to us that if the disease were controlled during the period without surgery, it might well remain is remussion with the establishment of the more stable period of adulthood. In mild cases, iodin may successfully achieve this. In more sever cases thiourach may be used effectively in an attempt to avoid surgery at this time.

#### Contraindications to the Use of Thiouraci

1 Nontoxic Goiters—It cannot be empha sized too strongly that thiouracil is of use only in thyrotoxicosis. It has no place in the therap, of any other thyroid condition. It might even make a nontoxic goiter enlarge in size (due to pituitary overstimulation).

2 Cases in Which the Diagnosis Is in Doub! -

Often we are asked to see nationts who exhibit golters and in whom there are some signs indicative of mild hyperthyroidism Often there is accompanying hypertension, menopausal syndrome, or organic heart disease, etc. the exact contribution of which to the patients' symptoms is indeterminato In such cases it is often impossible to tell accurately whether all of the clinical findings are not due to the underlying disease Basal metabolic rate determinations are of little value since they are often somewhat elevated in uncomplicated hypertension, cardiae decomponsation, and anxiety states per se Estimations of the protein-bound iodine might aid in establishing the diagnosis, but these determinations are not generally available

In such instances it is our policy to avoid the use of thiouracil, since we have found that the thyrotoxicosis, if present at all, is adequately controlled with lodine. In these cases in which the existence of thyrotoxicosis is in doubt or is very mild we should rather avoid the use of a drug which may have toxic implications. For the same reason we also disfavor the use of thiouracil as a therapoutto test of hyperthyroidism.

- 3 Other Diseases—Thiouracil has no place in the treatment of those diseases sometimes associated with elevated metabolic rates such as essential hyportension and loukemia. We heartily condemn its use to produce myxedema in cases of heart disease in which the lowering of the basel metabolism is supposed to be of benefit.
- 4 Uncooperative Patients—We refuse to treat uncooperative or Ignorant patients except under strict hospital supervision. We consider such patients poor risks and we have found that their treatment as outpatients often results in the development of a complication of therapy, which we have suspected was due at times to unadmitted overdosage, concomitant use of other toxic drugs, faulty food habits, and the like Even in the hospital we are liesitant to treat individuals who have unbalanced or uncooperative personalities.

#### Precautions in the Use of Thiourscil

Since thiouracil is somewhat toxic, patients receiving the drug must be observed frequently. It is important that the patient understand the necessity of informing his doctor immediately of may unusual symptom not present before therapy. Especially should patients be seen if they complain of sore throats, weakness, or cervical tenderness, which may be the first symptoms of agranulocytosis. White and differential blood cell counts ought be done at frequent intervals

The design originally employed in the chemotherapy of hyperthyroidism was too large. Initially, we now employ 0 4 to 0 6 Gm. in divided doses daily, and reduce this amount progressively as the clinical status of the patient improves. It is felt that there will probably be fower complications with this reduced dosage. We feel also that the maintenance of an indequate dietary high in protein and carbohydrate, and supplemented by the vitamin B complex in some form is of importance in avoiding the complications of therapy.

Frequently the thyroid enlarges to an appreciable degree under theories therapy, and pattents with very large or substernal gotters ought to be watched carefully for obstructive symptoms. In my own experience this has caused no difficulty but should be fully recognized as a possibility. Reduction of desage would probably be adequate to correct the condition

It must be appreciated, also, that exophthalmos may increase somewhat during thiournal ad ministration. Although we believe that certain selected cases with prominent eye signs are best treated with thiournal (aupra ride) every case should be observed for increasing eye signs during therapy. Concomitant administration of thyroid extract\* is usually adequate to control the condition.

#### Discussion

Thiourneal successfully controls the symptoms of thyrotoxicosis. It is superior to lodine in its predictable, reproducible, progressive type of notion. It will control effectively cases in which iodine has had little effect. It is inferior to iodine in that it has a higher incidence of toxic reactions.

The drug has been used for too short n period to allow an adequate evaluation of its final place in therapeutas. However, the hilliant reports attending its use, when all other antithyroid therapy has failed, would seem to assure the permanence of this type of antithyroid drug in the therapy of town gouter.

We wish it understood clearly that we do not atpresent offer this and associated antithyroid drugs as n substitute for surgery in all cases. The toxic nodular golter, whether controlled with thiouracil or iodine, is presumed to be an indication for surgery largely because of the potentiality of pathologic changes. The toxic diffuse golter may be controlled offectively with thiouracil Whether such a gland is removed or antithyrold chemotherapy substituted must be decided by the doctor with the full knowledge of the patient of the slight but recognized possibility of a toxic reaction Numerous patients treated medically have stopped therapy after ax months to one year and have remained in remission. Others have had to resume therapy for longer periods of

We agree with Shorr29 that the completeness

of remission following any form of therapy will depend largely on the continuance or remedy of an unfortunate neuropsychiatric environment in many cases

In certain selected cases we believe that thiouracıl may and ought to be substituted for a sur-These instances are patients gical procedure with thyrocardiac disease, thyroid cachexia, and thyrotoxicosis associated with marked oculopathy. with pregnancy, with infectious disease, and with childhood

Patients receiving thiouracil should have frequent observation by a physician both for the signs of any toxic manifestations, and for evidence of clinical improvement allowing profitable reduction of drug dosage

Thiouracil is a valuable adjunct in the therapy It appears to have certain of thyrotoxicosis definite advantages over iodine as an antithyroid

Should an antithyroid compound be developed which possesses the potency of thiouracil plus the extremely low toxicity of iodine, the day may well be at hand when iodine and surgery may be supplanted in the treatment of thyrotoxicosis except perhaps in the case of the nodular or the Should thiouracil remain as very large gorter the most effective agent, we believe that its place in the treatment of selected cases of hyperthyroidism is assured

#### Conclusions and Summary

Thiouracil is a new antithyroid drug which can effectively control the symptoms of thyro-

Its action appears preferable to iodine, but the toxicity of the drug is considerably higher than iodine Thiouracil may be used as an excellent preoperative agent In certain selected cases it is a preferable substitute for surgery in the treatment of thyrotoxicosis

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#### THE BROTHERHOOD OF MEDICAL MEN

In striking contrast to the hundreds of atrocity stones which have come out of the war is an item carried by the United Press during the German Similar stories have grown out of break-through almost every war within the memory of man, and to the credit of medical men everywhere, it is highly probable that they are all true

The UP dispatch tells how an American medical unit, captured by the Germans, worked for two days side by side with German medical men "The story began when a force of German troops who had infiltrated American lines on the confused Hardt Mountain front overran Wingen, site of an American battalion headquarters The Germans, who had only a few medical men and almost no equipment, separated the American aidmen

from combat troops as soon as Wingen was in their The Americans rescued some of their equipment from their battalion aid post and both sides set up shop in a schoolhouse with a German doctor in command." The American medical unit included one doctor, Lt Joseph W Reynolds, of As patients were brought in, they were treated "according to how badly they were wounded rather than by nationality The Germans used rather than by nationality Red Cross flags from American jeeps, and combined German-American litter bearer teams went out together in search of wounded"

This strange group practice was continued until the town was retaken by the Americans nishes another illustration of the brotherhood of medical men -North Carolina M J, March, 1945

#### CARDIAC REFLEXES ORIGINATING IN THE RESPIRATORY TRACT

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NESTHETICS alter cardiac activity in different ways. Many damage the myocardium by causing dilatation and impaired Some, like chloroform and cyclocontractility propane, provoko arrhythmias which may assume grave proportions, particularly when epinophrino is administered in addition thetics also influence cardino action by changing the blood pressure and vagus tonus Thus, ether narcosis may induce a complete paralysis of the vagus in cats 1 During inhalation anesthesia mechanical or chemical irritation of the respiratory tract by reflex action may produce cardiac inhibition and oven standstill Although studied widely in the experimental animal and in man these reflexes are rarely reviewed and they are usually ignored in textbooks

Roffexes may originate in the unsopharynx and larynx, in the trachea, in the larger bronchi, and finally in the intrapulmentary brenchi, and

intrapulmonary blood vessels

As early as 1880 it was discovered in the rabbit that irritation of the nasal mucosa by chloroform vapors may cause slowing and temporary standstill of the heart.2 Mechanical irritation had the same effect. The afferent pathway of this reflex seems to be formed by the sensory hranches of the trigeminal nerve but there is some evidence that the olfactory nerves also play a part.34 In man, mechanical irritation of a circumscribed area of the nasal septum, opposite the posterior end of the middle turbinate, has a similar effect on the heart Electrolysis of this area abolishes the reflex. Cardiac standstill and heart block appeared after the instillation of cold water into the nostrals of rabbits this reflex disappears after cocamisation of the nasal mucoea or during deep general anesthesia.

All these results were repeatedly confirmed in different experimental animals, moreover, it was abown that, in addition to an increase of vagal tonus, a decrease of sympathetic tonus is responsible for the slowing of the heart and the appearance of certain arrhythmuss. Stimulation of the nasal mucosa in a decerebrate dog decreases the coronary blood flow even if the

vagi are severed \*

Under certain experimental conditions pressure on the larynx causes cardiac mhibition and standstill. The centripetal stimuli are con-

ducted over the superior laryngeal nerve Charcot was among the first to point out that death may occur through these reflexes If foreign bodies stimulate the laryngeal nerves Sudden drown lag of expert swimmers is sometimes caused by these reflexes

Of interest in this connection is the case of a 64-year-old man who suffered from attacks of the Stokes-Adams syndrome on swallowing. It was demonstrated that his attacks were caused by ventricular standstill following irritation of a certain area in the laryux. Cocainization of this area hrought immediate relief. If Remarkablo effects on cardine action with bridycardin, aunculoventricular block, and extrasystolic arrhythmas are observed in man, when an intracheal tube is inserted in anosthesia with cyclopropano. The mechanical irritation of the trachea during the passage of the tube or on inflation of the attached cult produced disturbances in 10 out of 35 patients.

Slowing and temporary standstill of the heart can be obtained by mechanical standation of the smaller bronch during pulmonary surgery Slowiar phenomena have been observed in experiments and receptors similar to those in the carotid sinus have been found in the mucosa <sup>13</sup>

While irritation of the nasal mucosa arrests the beart immediately, mechanical stimulation of the laryngeal mucous membrano is only a little less effective Electrical, mechanical, or chemical stimulation of the alveolar nerves has the same effect as stimulation of the laryngeal nerves.

Cardiac arrbythmias are often influenced by the respiration. Extrasystoles can appear or disappear in a certain phase of respiration, and not rarely paroxymmal tacby cardia is abolished

by deep inspiration

Fig 1 was obtained from a patient with a supraventricular tacbycardia. Deep inspiration with bolding the hreath brought the tacbycardia to an end temporarily. In many patients this procedure or maximal expiratory effort with a closed glottis (Valsalva experiment) stops the tachycardia completely. On the other hand, cases have been published in which deep breathing regularly elicits a short attack of paroxysmal auricular flutter or fibrillation. 11-17 The experience that the same reflex may cause or abolish nirhythmias is not contradictory, even simple electrolytes and all substances acting on the heart, including digitalis and quindine, may cause

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Fig 1 A supraventricular tachycardia is arrested temporarily by deep inspiration

or abolish extrasystoles, depending on the dosage and the metabolic status of the myocardial fibers

Reflex effects on the heart can also originate from the intrapulmonary blood vessels. Irritation of the intrapulmonary arteries may cause a fall in the systemic blood pressure, 18\_20 a phenomenon which may explain the appearance of a shock-like syndrome in patients with a small peripheral pulmonary embolism

Reflexes seem also responsible for the changes often seen in the electrocardiograms of patients with pulmonary embolism These changes, described in 1935 21 22 were explained by the rise of blood pressure in the lesser circuit in patients with massive pulmonary embolism 21 Marked changes in the electrocardiogram were observed, however, even after small peripheral pulmonary embolism and in patients in whom clinical observation and postmortem examination provided no evidence of increased pressure in the lesser circuit Since many of these patients suffer from anginal pain, since the electrocardiographic changes are quite different from those observed in right ventricular strain and may last too long to be attributed to this mechanism, it was suggested that a reflex contraction of the coronary arteries, a pulmocoronary reflex, might explain the clinical and the electrocardiographic findings 22 This reflex action would also explain the sudden death which occasionally occurs in patients with an embolism into a small pulmonary artery Furthermore, the appearance of necrosis in the subendocardial layers of the ventricles, particularly of the right ventricle, in those patients who had anatomically normal coronary arteries,25 supports the assumption that a relative myocardial ischemia causes the anginal pain and the electrocardiographic alterations

All these refleves are not active in every person. They are very pronounced in a few and are absent in most others. A certain sensitivity of the receptors, certain favorable conditions in the whole reflex arc, and a certain status of the effector organ, the heart, are necessary for their appearance.

The importance of the last-mentioned factor may be best illustrated by reference to the carotid sinus reflexes and their effect on the heart because they are generally known

In some patients pressure on the carotid sinus causes prolonged cardiac standstill fect is often ascribed to an increased sensitivity of the receptors in the carotid sinus which may play a role in certain conditions, other factors. however, also deserve consideration It has been known for many years that a damaged heart responds more strongly to vagal stimuli than the normal heart Since vagal stimulation causes a release of choline compounds it must be expected that these substances will have a stronger effect on a myocardium which is already damaged Even this factor, however, cannot explain the prolonged ventricular standstill during carotid pressure in some cases because there are no vagal fibers and no direct vagal influences on the ventricle of the mam-Vagal stimulation inhibits the malian heart auricles in the normal mammalian heart and the automatic centers of the ventricles immediately develop their own stimulus formation and prevent cardiac standstill. If the myocardium is damaged, however, the automaticity of the deeper centers is diminished and they are less alert If the auricular centers are inlubited the deeper centers do not resume their activity with sufficient speed and a long preautomatic standstill appears

Accordingly, in some patients with a very pronounced carotid-sinus syndrome the vagal inhibition of the heart need not be prominent, but if the deeper centers are damaged they do not avert cardiac standstill as readily as in a normal heart

Study of the cases described by Weiss and his coworkers in their papers on the carotid sinus syndrome24 and of other reported cases which showed a prolonged standstill of the ventricles by reflex vagal action reveals that these patients had damaged hearts, often they were at an age at which coronary sclerosis can be suspected The normal mammalian heart is excellently protected against vagal inhibition when the condition of the ventricular centers is optimal point is usually neglected in the discussions of Actually, the electhe carotid-sinus reflexes trocardiogram obtained during carotid-sinus pressure in a healthy individual may reveal the same inhibitory effect on the auricles as in a patient with the so-called carotid-sinus syndrome, in the healthy individual, however, the deeper centers escape immediately and therefore auscultation alone reveals no change anesthesia the heart is always somewhat damaged and therefore the danger of a prolonged reflex standstill of the ventricles is greater

One of the best known and most common disturbances of the heart action connected with and caused by the respiration is the periodic change of cardiac rhythm known as respiratory arrivythmia. Various explanations have been offered for this arrivythmia which is so common, particularly in healthy young people. According to some, the respiratory arrivthmia is due to reflexes caused by the distention of the lung, while others assume a purely central mechanism. It is believed that stimuli radiate directly from the respiratory center to the vagal centers, thus causing a rhythmic increase and decrease of vagal inhibition. Investigations by Annep and his associates roved that the mechanism is very complex and that both factors may play a role.

The direct influence of the respiratory centers on the vagal centers is illustrated by the following unusual observation

Case 1—A 59-year-old patient was hospitalized for angina on effort due to coronary sclerosis Examination revealed that whenever the patient held his hreath prolonged cardiac standstill occurred.

It made no difference on the degree of the cardiac inhibition whether the patient held his hreath in the inspiratory or expiratory phase. Attropice abolished the phenomenon.

Fig 2A B and C represents one tracing which was cut into three parts for publication purposes Holding the breath caused an immediate cardino standstill lasting more than 45 seconds until the first idioventricular automatic best appeared Extrasystoles are visible at the end of the inhibition. During an observation period lasting more than one month, it was always found that the cardiac standstill occurred immediately when respiration stopped and without any latent period The duration of the cardine arrest was greater with longer arrest of the respiration Carotid pressure did not induce cardiac standstill, nor did the latter ever appear spontaneously The fact that this phenomenon was present during the whole period of observation during normal breathing in any phase of the respiration speaks in favor of the presence of an irradiation of stimuli from the respiratory centers to the vagal centers. Such stimuli may be represented by the rhythmic potential changes which have been observed in the isolated brain stem of the goldfish." Presumably they are caused by the activity of the respiratory centers.

Reflexes originating in the respiratory tract do not influence cardina activity alone. They modify respiration itself and that tonus of intestinal organs. Cases of pulmonary embolism and of pneumonia which minuse the clinical picture of appendicities or cholecystitis or even paralytic deus are known. To the other hand, cardiac activity may be influenced from the skin or from various parts of the gastrointestinal tract by reflex action.

These reflexes may use different pathways Vagal fibers may be employed on the afferent and the efferent path Sometimes axon re-

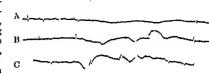


Fig. 2, Λ, B and C. The illustrations of Fig. actually represent a single tracing which was cut into three parts. Arrest of the respiration leads to immediate cardiac standstill interrupted by a fer automatic ventricular contractions. Cardiac arrespersats for the duration of respiratory standstill.

flexes may play n role. Reflexes may use the vagus for the afferent path while various pathways are used for the efferent path, in this way a tonus change in wide areas of the autonomic nervous system takes place at a great distance from the place of irritation (uradiation of autonomic reflexes)<sup>17</sup>

The available time has permitted only the discussion of a few of the known alterations of cardiac netwity by reflexes from the respiratory tract. It is certain that these phenomena occur more often than one would expect from the number of published observations. The appearnace of cardiac arrhythmias or bradycardia is, however, often overlooked if no particular search is made for it, and loss of consciousness due to cardiac standstill is usually attributed to simple syncope

The notivity of viscerovisceral reflexes in particular is easily studied on the heart because alteration of the activity of one cell or small group of cells in this organ causes changes of rate and rhythm which are readily observed and registered

Many somewhat mysterious accidents, such as "fainting spells" during nasal, pharyngeal, or haryngeal examinations, and similar episodes occurring during bronchoscopy, thoracic surgery, or on the occasion of aspiration of foreign bodies, are sometimes caused by the activity of these reflexes.

#### Summary

Some of the more important experimental and clinical data demonstrating changes of cardiac nctivity by reflex action from the respiratory tract are discussed, in the hope that this reference may stimulate the report of additional effects.

Evidence is submitted to show how important the status of the idioventricular centers is for the degree of vigal inhibition of the heart

An observation is described in which arrest of

(1926)

breathing in any phase of the respiration was always accompanied by immediate temporary cardiac standstill

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#### CAUSE OF DEATH IN DIABETES

"A search through the literature for an answer to the question of the causes of death in diabetic patients reveals a large amount of available material, with surprisingly little of it based on pathologic confirmation through autopsy examination Analyses based on chincal findings alone and on diagnoses found on death certificates are filled with patent The example of a cerebral inaccuracies hemorrhage found at autopsy as a cause of death in a case clinically diagnosed as a diabetic coma is a not infrequent occurrence. This report therefore represents an attempt to determine the causes of death in a series of diabetic patients from a strictly anatomic approach It is believed that such statistical analyses based on anatomic findings givo more accurate information regarding causes of death than do analyses based solely on clinical ob-

Thus do Robbins and Tucker<sup>1</sup> open their discussion of this very timely subject. Their report is based upon an analysis of the cause of death in 307 diabetic patients upon whom autopsy was performed at the Mallory Institute of Pathology between 1932 and 1942 "For purposes of comparison, the autopsies on approximately 2,800 consecutive nondiabetic patients were reviewed." The diabetics who came to autopsy ranged from 13 to

84 years of age
The authors tell us that "perhaps worthy of emphasis is the finding of a relatively similar incidence of cerebrovascular accidents as a cause of death in

the diabetic and nondiabetic groups—52 per cent and 75 per cent, respectively "

In regard to the current debate as to the relativo frequency of carcinoma among diabetics we read that "there was a lower incidence of death from carcinoma in the diabetic group (8 4 per cent) than in the control group (14.7 per cent) It is particularly noteworthy in view of the present interest in the

relation of cholesterol and of hypercholesterolemic

states to the production of neoplasia"

The Boston observers found that coronary occlusion was two and one-half times as frequent in the diabetic group as in the control group And "pcripheral vascular disease, although a rarity among nondiabetic patients, accounted for 45 per cent of the deaths among diabetic patients, which confirms a well-known fact previously emphasized Finally, renal infection, which for many years has been considered a minor complication, is seen to be a relatively important cause of death in the diabetic Acute pyelonephritis was four and a half times as frequent a cause of death in the diabetic group as in the control group, and moreover ranks sixth among the causes of death in the former group "

In conclusion the authors tell us that "from the study, several clinical impressions were confirmed. The diabetic patient lives as long as the nondiabetic. There are, however, certain hazards that he is seemingly more likely to encounter, namely, coronary occlusion, peripheral vascular disease, infections of the extremities, and acute pyclonephritis"

Robbins and Tucker have covered their subject well and it is through studies such as theirs that our knowledge of diabetes is extended and clarified and, consequently, our efforts to combat it are becoming more effective Their figures showing that cerebral hemorrhage is but slightly more common in the diabetic will probably come as a surprise to many, as most certainly will their demonstration that acute pyclonephratis is four and a half times more preva-And it will be interesting to lent among diabetics learn what subsequent studies reveal as to the incidence of carcinoma among the diabetic -J M A Alabama, April, 1945

<sup>&</sup>lt;sup>1</sup> Robbins, Stanley L and Tucker Arthur W, Jr New England J Med 231 805 (Dec 28) 1944

#### PSYCHIATRY IN WARTIME—SOME RECENT DEVELOPMENTS

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A CCORDING to n recent report1 of tlin A Committee on Psychiatric Needs in Rehabilitation, 135,500 men have been rejected by induction boards or discharged from the Army on neuropsychiatric grounds in the New York City area alone, long before entering combat About n million and n half men in this area are in the armed forces. This means that oven in this relatively young and vigorous segment of our population, one man is rejected on neuropsychiatric grounds for every eleven mon kept in the services The proportion of neuropsychiatric problems among our casualties nhroad is also said to be lugh. In the Canadian overseas army (n volunteer army) the extremely large number of neuroses which developed is described as "unexpected and disturbing "12 Thus picture is relieved by the fact that most psychiatric disorders - even the psychoses-encountered in military life nppear to be acute and benign 24. In splto of the large number of psychiatric rejections, it cannot be said that the screening process instituted early in the war has effectively provented a high merdence of neuropsychiatric illness. For all these reasons there has been some criticism from both lay and nonpsychiatric medical circles of the excessive diagnostle neumen and prognostic can tion of psychiatrists. In England under the stress of an acute manpower shortage, it has usually been possible to successfully substitute vocational placement in military service for sum mary discharge

#### Traumatic War Neurosis

Lattle that is new has been published in 1944 in the theory or treatment of traumatic war neuroses, but it is valuable and interesting to see how experiences are accumulating, what theories are prevailing, and what practical arrangements and policies are emerging for the most effective management of this problem

There are meas of agreement among all schools, but important differences of emphasis can be noted. These differing attitudes can be classified as follows.

- 1 The common-sense view that war neurotics are frightened or exhausted, and should be treated with reassurance and rest. Primary emphasis is placed on the immediate war experience. Relinform duty is the antidete.
- 2 The psychoanalytic view that there are intricate intrapsychic forces at play and that

enthersis of a repressed affect (anxioty or hostility) is essential to recovery. Considerable implains is placed on the basic personality structure

- 3 Emphasis on the physiologic features of traumatic war neurosis—sleeplessness, restlessness, startle reaction loss of appetite and weight with corresponding emphasis on physiologic treatment, prolonged narcosis, insulin, ergotamine tartrate.
- 4 Emphasis on the general conditions or setting in which neuroses occur, neuroses are regarded as a reflection of broken morale <sup>11</sup>

Grinker's writings and addresses have served to stimulate considerable discussion and controversy, and deserve to be closely and critically examined. The formulations and practices he describes have not won any acceptance in Eng land and are scarcely even mentioned in the Russian literature (2 English treatment is oriented around sedution,15 counselling, and practical placement in a suitable 10b Systematic routine use of prolonged sleep treatment and subshock insulin treatment is a prominent feature in the British regimen for traumatic war neurosis Limphasis is placed on the loss of weight in certain states of irritable exhaustion encountered in soldiers niter combat, a roborant course of treatment reminiscent of the old rest cure of the Weir Mitchell days is used in Britain Grinker found that after prolonged narcoss his "patients awak-oned queter and less anxious" (p 225, War Neuroses in North Africa), but he was not otherwise impressed with this treatment been netively advocating a combination of parcosis and psychotherapy in which the patient is encouraged to talk about his fears and fearful ex-The British employ the sleep, but periences avoid the talk, and uppear to be well satisfied with the results. In the Soviet Union similarly good results are reported with the use of brief ether narcosis in the treatment of hysteric mutiam 14 Frankly physiologic methods of treatment have their own claim to nttention which by no means need imply any neglect of the psychologic, situational, and morale factors in volved in war neuroses According to Penfield14 war neuroses are rare in the Soviet Union, only 0 2 per cent of the forward hospital beds are used for psychiatric cases, and only 0 1 per cent of the beds in the rear—the same number as for gynecologic cases Penfield attributes this low incidence to the high morale Grinker has taken

sharp exception to this emphasis on morale, though he himself has written, "Identification with his group is the most powerfully protective device for the soldier and overcomes the individual's feeling of being isolated, alone, and doomed in the midst of powerful agents of destruction. Such identification plus the drive toward a fixed, well-known, easily understood, and completely accepted goal is a defensive against neuroses." The exchange of letters between Grinker and Penfield makes instructive reading

Among the larger works published last year the Manual of Military Neuropsychiatry 16 is especially worthy of note Dollard and Horton 17 have done an excellent job in presenting a sound, simple, and very readable account of the psychologic reactions of men in battle

#### War Neurosis and Morale

The usefulness of certain physiologic measures in the treatment of war neuroses has kept the psychiatrist from becoming too exclusively concerned with the psychologic attitudes of his individual patient But if the mental function of the individual patient is dependent on good physiologic function, it is also dependent on influences arising out of the patient's working and social re-Penfield<sup>11</sup> has correctly stated lationships too that the creation of the kind of high morale that counteracts neuroses is not primarily a psychi-It arises from a great number of atric problem different sources, not the least of which is a strong incentive for the endurance of hardship and suffering that war entails. The close integration of psychiatric work with the tasks of orientation, education, and recreation18 is emerging as an important new development in this war Group discussions, 19 group therapy, and an understanding of the need of common work for common ends may all prove to be valuable psychiatric tools in peacetime as well as war

#### Rehabilitation Problems

Correct vocational placement of individuals with neurotic problems has proved to be useful and practicable in England under a planned war economy 5 It is expected that postwar conditions will make it possible to continue to place neurotic individuals in jobs that will help them and help society as well 20 Large industries21 in this country are already showing an exemplary insight into the possibility of using the skills and talents of some neuropsychiatric casualties According to a statement of policy of a big division of the General Motors Corporation, "We owe them a job which fits them as they now are, not just as they once were" Needless to say, these sensible and sincere principles cannot be maintained in the face of widespread unemployment Full production in the postwar period is a basic necessity if we are to rehabilitate and save our neuropsychiatric casualties

#### Physiologic Treatment of Psychoses

In the field of physiologic treatment the most important developments in the past year involve the use of physiologic methods of treatment in certain nervous disorders of wartime, <sup>8</sup> <sup>13</sup>, <sup>22</sup> the experimentation with electronarcosis in man, <sup>23</sup> <sup>24</sup> the more extensive use of ambulatory insulin treatment, <sup>25</sup> and the more precise elaboration of indications and procedure for the estrogen treatment of involutional melancholia <sup>26</sup> Shock treatment appears to be a valuable adjunct to the malarial therapy and chemotherapy of paresis, <sup>27</sup>, <sup>28</sup> and evidence has accumulated to indicate that prefrontal leukotomy is of value in some intractable cases of schizophrenia <sup>29</sup>

In addition, data continue to accumulate on some long-term therapeutic follow-up studies, so on various special aspects of the pathophysiology of psychoses, and a few new technical tips on the management of shock therapies have appeared

Electronarcosis and Insulin Therapy—Van Harreveld, Wiersma, and their associates have successfully taken up the work of Leduc, who induced electrical narcosis in man over forty years ago, and have presented a well-documented account of the induction of electronarcosis in fifty schizophrenic subjects for periods up to half an hour. The prompt reversibility and apparent safety of this type of narcosis suggest interesting possibilities. The authors claim an efficacy equal to insulin

A valuable report of follow-up studies of over a thousand patients treated with insulin at the Brooklyn State Hospital has been published by the Temporary Commission on State Hospital Problems of New York—The report concludes with the statement that insulin-shock therapy produces substantially better results in the treatment of dementia praecox than when insulin is not administered (with the highest immediate and long-range percentage of improvements in cases of short duration) and recommends the general introduction of this treatment in all state hospitals

Bond and Rivers continue their valuable follow-up of insulin-treated schizophrenia. Only a portion of their much improved or recovered patients could be followed for five years, and of these only 41 per cent maintained their improvement. Since only about half of their patients originally responded to treatment, and less than half maintained their improvement, the final result does not appear much better than the recovery rate of their control series, which they estimate at 16 per cent after five years. In terms

of useful years of health, however, these insulintreated patients did seven times as well as the controls, and the quality of the remissions was regarded as superior. Several different considerations (especially the chronicity of the cases) must be kept in mind in interpreting these figures. When the possibility of repeated treatment is taken into account these results cannot be regarded as discouraging.

The nursing shortage and the apparent success of convulsive treatment have both served to discourage the use of insulin treatment in wartime At the same time ambulators treatment with subshock doses continues in use. In spito of the fact that these are physiologic treatments they have a certain applicability to neurotic problems that involve prominent depressive features and serve to relieve these specifically depressive Both Kalmowsky and Myerson 32 23 symptoms have some sensible suggestions on the scope of these treatments in the psychoneuroses other hand, even some successful therapists contime to inlimize the physiologic aspects of these treatments and omphasize the psychologic factors, Insisting, like the character in Pickwick, that it was not the beer but the salmon that made him feel so good

#### Endocrine Treatment

Danziger is continuing his study of estrogen therapy in involutional melancholia He believes that diethylstilbestrol in doses of 1 to 5 mg a day by mouth is practically specific for involutional melancholia, provided that the diagnostic criteria are satisfied by a reasonably close association of the psychosis with irregularity or cessation of the menses and by the presence of hot flashes or other typical menopausal symptoms His suggestion that the term "estrogen deficiency psychosis" be substituted for involutional melancholia is premature, however, for it is by no means certain that the psychosis is due primarily to estrogen deficiency Other endocrine changes take place with the menopause too-pituitary preponderance, for example, which is also affected by estrogenic substances Bennett and Wilburss report successful results with convulsive treatment after estrogen treatment has failed

Pollak<sup>18</sup> found a high incidence of endocrine pathology in a large series of paranoid patients, mainly hyperplastic changes of the pituitary, parathyrold, adrenals, and thyrold, with a high incidence of timors

#### Experimental Work

A number of studies on the pathophysiology of psychoses have appeared in the past year Chesler and Himwich<sup>14</sup> have confirmed the find ing of Kerr, Hampel, and Ghantus that brain glycogen is reduced by Insulin hypoglycemia According to these authors, the caudate nucleus is first to lose its glycogen, the cerebral gray matter soon after, end the medulla and cord last and least of nll Bdhg and Hesser found n marked Increase in blood histamine during insulin shock. Proctor, Dewan, and McNeel found a general tendency toward improved glucose tolerance in cases of scluzophrenia that responded to insulin They have confirmed the tendency toward impaired glucose tolerance in schizophrenin already noted by several others use of biousy technics29 for historiathologic studies of the brain of schizophrenics is again reviving the old controversy on the organic basis of schizophrenia, this time on a higher and more productive scientific level

From the field of experimental theraps, the abolition of bulbocapaine catalepsy in the cat with AC-tetrahydro-B-naphthylamino\* is worthy of note

Pfeffer and Pescor<sup>41</sup> have again tried the experiment (done several trues before) of wholesale blood transfusion on a series of schizophrenic patients. One patient that developed a febrile reaction recovered from his psychosis Cohen, Thalo, and Tissenbaum<sup>41</sup> had no success with the acctyleholine convulsant treatment, but it is important to note that one patient who was almost moribund after collapse made a dramatic recovery

In surveying these various reports and experi onces one cannot escape the impression that no unifying principle of therapy for schizophrenia has yet emerged, and that much unnecessary confusion is due to the fact that different types of cases-acute and chronic, excited and apathetic, deteriorated andl ucid—are all included in the category of schizophrenia, though different and distinct disease processes might well be in volved Mention should be made of a valuable discussion 43 (with case reports and bibliography) of sulfadiazine psychoses, which are by no means rare complications of sulfa medication pictures generally consisted of acute delirium. or of less florid schizophrenia like pictures, with persecutory delusions Recovery was generally prompt upon withdrawal of the drug but symptoms occasionally persisted for six weeks or more

Medical as well as general social considerations continue to narrow the separating gap between psychiatry and medicano, more and more general loopitals<sup>44</sup> are opening up ambulatory and word services for the newer active physiologic treatment of the psychoses

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#### A NATIONAL PROBLEM

If the reports on psychiatric casualties from the various theatres of war are correct then the business of psychiatry is iii for a big boom in the near future The comparatively minor stresses and strains of civilian wartime existence are also exacting their toll from noncombatants so that bigger, better, and more numerous institutions for their care are in the offing

It seems that the number of mental patients is increasing every year, war or no war, and the federal, state, county, and city budgets are allocating more and more funds for the housing and care of these individuals At the present rate of admissions it won't be many years before there are more people in institutions and asylums than there are out—and

that isn't good There is no source available giving statistics of the mental effects of war upon civilians, but it is generally conceded that the number of psychoses The effect on greatly increase during this period the serviceman is already evidenced by the widespread demand for neuropsychiatric assistance for

our discharged veterans The greatest difficulty at present is the shortage of psychiatrists and this situation cannot be remedied for a number of years About one half of the total number of psychiatrists are employed by hospitals and institutions where they are quite unavailable to the average patient At present there is approximately one psychiatrist for every 60,000 of the population and this is one of the reasons why over 60 per cent of first admissions to mental hospitals have never been seen by a psychiatrist

All physicians in practice, regardless of their particular specialty, come in daily contact with borderline psychopathic patients. The general practitioner and the various specialty groups should become better acquainted with the early diagnostic patterns of mental disease so that incipient patients will not learn the hard way. Any program of "refresher" courses for presentation during or after the war should include a generous amount of neuropsychiatry
The general public is still under the impression

that psychiatrists are consulted mostly by aberrant characters, but it is now time that an attempt be made to re-educate the public so that when a person states he is going to a psychiatrist he is not pre-

sumed to be a fugitive from a nut house

Some diseases such as poliomyelitis, tuberculosis and caneer have great national campaigns dedicated to raising money for their study and certainly the mental health of the nation is equally as important as any of these, so we believe a national program in the realm of prophylaxis of mental disease should be Any program toward this end should instituted (1) improve training in psychiatry for interns and residents, (2) include a department of psychiatry in every large hospital with beds available for cases needing hospitalization, (3) stimulate the general practitioner's interest in psychiatry, (4) promote greater coordination between courts of law and psychatry regarding problems of alcohol and juvenile delinquency, and (5) promote study of mental hygiene in schools, colleges, and industry — J J L, in Detroit Medical News, March 26, 1946

#### THE CAUSE OF UVEITIS

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VEITIS may be defined as inflammation of the uven or uveal tract, which comprises the plamented vascular layers of the eye, the iris, elliary body, and choroid There may he predominantly an involvement of a single portion of the uveal tract, so that the condition may be known as lutis, cyclitis, or choroiditis Two of the structures, the iris and the ciliary body, or the ciliary body and the chorold or all three parts of the uvea, may be involved. The physician consulted by the ophthalmologist, or the family physician to whom the patient has been referred or the ophthalmologist lumself must accept the duty of thoroughly investigating the cause of the lesion so that the condition may be treated as rationally as possible, and hy elimination of the cause, if possible, recurrences of the condition may be prevented

#### Investigation of the Cause

It is true that many investigations into the cause of individual cases of uveitis end fruitlessly Nevertheless, only by thoroughness and in genuity will the percentage of conditions which were formerly called Idlopathic be reduced. Di agnostic sheets detailing all of the possible avenues of diagnostic search seem worthwhile We must, however, come to the conclusion in certain cases that we simply do not have enough acuity or proper knowledge and that there is need for illuminating research in this field No attempt will be made to quote from the literature, as the source of certain information is usually evident It is hardly necessary to call the attention of the consultants to the nature of the condition and the possible causes, nevertheless, it may be worthwhile for an opthalmologist to state the conclusions gathered from his own train ing and experience

#### Methods of Investigation

Certain patients with a serious eye disease such as uveltis may demand a survey by a whole corps of specialists, each of whom will go over a particular field and then have a coordinating diagnostican sum up the data. Such a method is quite expensive if done by private physicians and not always satisfactory if carried out in a diagnostic clime. The responsibility may well be placed on a single medical consultant or family physician who is interested enough to go into the history and physical examination thoroughly, cover all

the needed points personally, order and interpret the indicated laboratory work, call in special examiners when indicated, and then have a con sultation with the ophthalmologist time, however, allould not be lost in applying treatment as indicated pending the completion of the thorough investigation. It may be possible to go too far in examinations which prove negative, but more frequently too little is done before it is decided that the results are negative and that a general systemic cause cannot be demonstrated In some cases more than one potent source may be uncovered. Then it may be assumed that one of them was the source of the inflammation or that both noted together and that it was only when the toxing from focal infection reached a certain level that the patient's reserve resistance was exhausted and that he succumbed to the cumulative effects of the multiple infections

#### The Sources of Uveius

The most promising fields of investigation in the general system are (1) a source for direct infection reaching the uveal tissues via the blood stream, (2) focal or general infection, (3) allergy, (4) trauma, (5) vascular changes which produce ischemic necrosis and asoptic inflammatory changes, (6) metabolic and nutritional disorders, and (7) neoplasm

1 Direct Infection of the Uven—An infection, an open or punctured wound, deep or superficial, an abscess in any part of the body, a condition such as a postpartum infection of the uterus, with or without septicemia, may be the source of the bacterenia and the direct involvement of the uvea by the organisms transported by the blood. The bacteria are more apt to get into the blood stream before the infection is walled off and surrounded by a pyogenic membrane, or if the pyogenic membrane is ruptured. Blood cultures, except in extremis are usually negative, but the nature of the infection and its metastatic source are evident in cases of direct infection of the uvea.

Direct Invasion of the uvea hy parasites and their larvae is known The question of the direct effect of viruses is difficult to settle How ever, it is quite possible that different types of virus may be responsible for some of the cases of uveftis.

2 Pocal and General Infections -- Focal or general infection may be of a parasitic, bacterial.

It may be of all grades of or virus nature In many instances we cannot decide whether the foci have produced a direct infection of the uveal tissues or whether there has been developed a special sensitivity or allergy of the uvea by which it may react to the distant focus of infection It is true that the uveal tissue is peculiar and reacts in a characteristic manner In the cases in which there is purulent endophthalmitis or panophthalmitis or a massive reaction there may have been a local invasion by the organisms, but when the inflammation is plastic or exudative in nature, then the reaction may well have been set up at a distance or there may have been a transfer of an attenuated strain of organisms

The family, the past personal history, and the development of any recent focal or general infection are very important. The very nature of the condition leading to the inflammation of the eye may be learned by the physician who will take the time to listen to and to question the patient, relatives, and friends. The occurrence of what was said to be a "common cold" may be of particular significance, since the organisms may have entered the body at that time

The history and careful survey will point the way to necessary investigations. Some of the structures that should be looked over very carefully are the teeth, tonsils, membranes of the nose, pharynx, the respiratory system, the sinuses, the lymph glands and the glands of internal secretion, the skin, the digestive system from mouth to anus, the genitourinary tract, the skeletal system, muscles, bones, joints, the blood and its reactions, or to put it more briefly, the entire body

#### The Granulomata

Syphilis —Formerly, syphilis was considered the most frequent cause of uvertis and even though serologic tests were negative, the patient was nearly always treated expectantly or on a provocative plan. The role of syphilis must not be underestimated, but it is not wise to pursue the antiluetic treatment very far in a negative case when the effort could better be directed to the other means of study and treatment. A spinal tap for tests on the spinal fluid may be indicated, but usually if syphilis is responsible for the uvertis, the blood tests should be positive. This is true also of congenital cases of lues.

Tuberculosis—The tubercle bacillus is a frequent cause of uvertis either by direct invasion or by a focal lesion, but the decision as to whether the patient has active tuberculosis which may be the cause of the uvertis may well be left to the internist—It is true that an infection which may cause uvertis may not be of sufficient virulence or

may be of a different nature than that which causes frank pulmonary or pleural disease chest plates and the fluoroscopic examination may be grossly negative, but there may be ever so small a lesion in tissues or glands which is not sufficient to give the typical pyrexia, diaphoresis. The infection with tubercle in and cachexia cases of uvertis is usually of the attenuated There has probably been too great diagnostic importance placed on the intradermal or patch test with tuberculin The opinion that the uvertis is due to tuberculosis even when the other clinical evidence is negative is a difficult one to substantiate, nor can one tell by the nature of the deposits on the endothelium of the corner or the other appearances of the eye whether the uvertis is due to tuberculosis or not I personally subscribe to a conservative view and mode of treatment Nearly all patients with uveitis will benefit from the rational application of proper rest, nursing care, relaxation, avoidance of stimulation, freedom from worry, and a high-vitamin diet, all of which are good for the patient with But the diagnosis of tuberculosis tuberculosis as determined only by the tuberculin test and the use of tuberculin therapy as a specific agent is not Many brilliant cures have been always sound effected with the aid of tuberculin used wisely in conjunction with other measures, but it should not be the only means of treatment It probably should not be regarded as other than nonspecific in the treatment of uvertis because of its beneficial stimulation of the body's reaction to a foreign substance, even though there is a possibility of a specific action in desensitizing the patient to the effect of the tuberculin liberated by their focal lesions The methods of the use of tuberculin are more or less standardized The initial dosage and increases made are determined by the patient's sensitivity, so tuberculin may well be injected intradermally regularly to determine the course of the treatment Thus, a check may be repeatedly made on the sensitivity of and the development of any immunity by the patient I have used tuberculin in this manner and believe it worth while Nevertheless, in certain cases in which the reaction to tuberculin was positive even in relatively great dilutions and where for some reason or other the use of tuberculin was inadvisable, I have obtained benefit from the use of other agents, chiefly bacterial antigens used in a nonspecific manner in conjunction with local and general therapy The desirable reaction to nonspecific protein therapy is a local one at the site of injection or a mild general reaction with never a focal reaction

Other Granulomata and Diseases—The less frequent granulomata and other diseases such as brucellosis, sarcoid, lymphogranuloma inguinale,

leprosy, yaws, psitacosis, frambesia, tularemia, toxoplasmosis, and onchocereosis should be considered and excluded, particularly now that our far-flung military services will be subject to these rarer conditions which may cause uveltis. The role of insects introducing these infections should be considered.

#### The More Frequent and Usual Focal and General Infections

The Teeth -There is always a debate about the role of dental infection as the cause of unotis The dentist should rightly make the decision as to whether the condition of the gingione, of the alveolae, and of the teeth is a potent cause When reconstructive or prosthetic dentistry is of his own handiwork, a dentist may be adverse to admit that each and every devitalized tooth is suspictous and is prohably infected. He should know that it is not necessary that demonstration of n frank niveolar abscess be the enterion of dental focal infection There may be sufficient absorption from a moderate pyorrhea or from a leaky crown or inlay or recently devitalized It may well be that when the tooth is dying, sufficient toxin of a virulent infection may be absorbed and cause uvertis The x-ray can be deceptive because the mass of the bone and tooth is reduced to a thin film. The true condition as determined hy removal of crowns and inlays from suspicious teeth, testing for vitality, and search for absorption areas may give information far beyond that of the v-ray It is unwise to sacrifice good vital teeth needlessly, but in the face of uvertis and Its far-reaching influence on vision, it is best to remove any devitalized or suspicious tooth A warning however, must be made here about the possibility of making the uvertus worse by the removal of too many infected teeth at one time

The Nose and Throat and Respiratory System --The examination of the nose, amuses, tonalls, and pharynx is particularly important. It is not necessary that the patient have a frank sinus The history of repeated colds, excessive mucus discharge from the nose or dripping down through the posterior pharynx, bronchitis, pneu monia, and pleurisy are all important X-ray of the sinuses checked by careful clinical exnminations will determine whether or not the nose or sinuses should be treated or operated upon If the sinus openings into the nose are occluded it might be well to open them hy astringent or vasoconstrictor solutions and, if necessary, by surgery The tonsils should be inspected and pressed or suction applied for evidence of hidden infection Such an examination may stir up a latent infection to renewed activity but If it does not cause may increase in the severity of the

uvertis the demonstration of the infection has been worth while. A definite instory of tensillitis may warrant the removal of the tensils in case of uvertis. It is well known that the mucous membrane and lymphoid tissue in the posterior pharyix afford ready entrance for many pathogenic organisms. The pharyix deserves careful examination. The laryinx, trachea, bronclul, lungs, pleura, and mediastinal glands should be examined carefully, for it is possible that some of the undiscovered for in minute form may eludo clinical tests, cultures, guinea-pig inoculation, and x ray examination.

Taxima—The Gastrointestinal Tract—Under this heading may be considered toxic conditions from any source but usually the toxemias missing from intestinal putrefraction, either from finulty digestion and elimination or from the effect of pathogenic bacteria harbored in the many recesses of the intestinal tract, particularly in the colon. These are the more important conditions If there is any evidence of a chronic infection of the appendix or gallihadder, surgery should be considered. The elimination of infected ulcers and diverticula will require the services of a gastroenterologist.

The Gentourinary Tract—The kidneys, ureters, bladder, urethin, and prostate may be foci of infection Examination of the urine, massage of the prostate, cystoscopy with cultures and guinea-pig inoculation from each kidney, when indicated, may provide the necessary information for the disgnosis

Other Focs —Abrasons of the skin and areas of dermatitis may serve as focal points for the extrance of infection Patients who have arthritis, myositis, bursitis, and osteomyelitis may develop uveitis from these as focu or they may react to the same focus that produced the skeletal lesions

#### The Value of Microscopic Smears and Cultures and Vaccines

Diagnostic paracentesis of the anterior chamber, including withdrawal of aqueous fluld, his not proved worth while. In massive purulent in fections the identification of the organism may be made and in massive tuberculosis of the uven the tubercle bacilius may be demonstrated, but in notive plastic or exudative nietits the eye does not tolerate the trauma of the puncture well and in nearly every instance the examination and cultures are negative

Microscopic examination and cultures of other tissues and organs of the discharges and secretions, eto, for bacterin and types of cells present may give important data, but crroneous conclusions may be drawn unless it be proved in some way that the organisms found are pathogenic for

the particular person With some, their mere presence, as, for example, that of the tubercle bacillus, is significant, whereas others need to be judged by different cultural and clinical tests. It is not always easy to decide this or to determine whether the injections of vaccines made from the organisms will prove beneficial on other than a nonspecific basis.

Allergy -The role of allergy is a difficult one to assay in the cause of uvertis It is true that peculiar vascular reactions occur in allergic individuals in response to certain stimuli It is interesting that one eye will react while the other, over a period of years, does not do so been stated that certain patients become sensitized to react with uveitis to the action of their own crystalline lens protein when this is changed by the production of a cataract and particularly after the lens capsule has been opened thought also that sympathetic uveitis may be produced by allergy to the patient's own pigment in the exciting eye One observer concluded that food allergy altered a patient's reaction to the tuberculin which he produced in a focal lesion It is rational to assume that the edema and infiltration common to allergic responses elsewhere in the body may involve also the uveal tract of the eye and, in obscure cases, a survey of the patient by a competent immunologist may be advisable

4 Sympathetic Uvertis and the Role of Trauma—In a class by itself is the condition known as sympathetic uvertis, in which, after an injury involving the uver of one eye, there ensues a plastic, exudative inflammation of the injured eye, followed in a relatively small number of cases by a similar inflammation of the uninjured or fellow eye. The nature of the inflammation is not known. It is possible, though the fact is not established, that one eye with uvertis not in the class of traumatic sympathetic uvertis may act as a focus for the development of uvertis in the fellow eye.

Severe direct, contiguous, or even head trauma may be a direct cause for aseptic inflammation of the uvea because of the peculiar nature of the uveal tissues and the effect upon them of sudden movements of the ocular humors, and inflammation may develop after such trauma. Even minor, direct, nonperforating trauma may condition the uveal tissues to react with inflammation in the presence of focal infection. The significance of this opinion from a medicolegal standpoint is serious and calls for an honest interpretation of facts and sequelae before it is applied. It is evident that small perforations of the globe may introduce the organisms that are responsible for the development of purulent uveits

5 Ischemic Necrosis and Aseptic Inflammation of the Uvea—Recognition must be made of the fact that lesions which arise in the uvea from vascular clianges may simulate those of infection Considerable confusion has arisen also because the effect of the vascular lesion is usually regarded as one of the forms of uveits, which term signifies inflammation and presumes origin by infection. There are lesions which develop principally in the choroid and affect the overlying retina.

These may develop through occlusion of the nunute arterioles and capillaries and had better be known as chorioretinopathy rather than In such cases the factors prochorioretinitis ductive of thrombosis should be investigated The character of the blood, the condition of the finer blood vessels, and the nervous control of these ment thought and investigation as well as the search for the focal infection which may furnish the final stimulus to the production of the thrombus The minute lesions produced in the choroid by chemical, electric, or thermal burns for their cohesive effect in surgery for reattachment of the retina have the ophthalmoscopic appearance of choroiditis produced by focal or direct infection

6 Metabolic and Nutritional Disorders—
The role of metabolic disorders or reduced resistance to infection either from a nutritional or any other standpoint is important. Diabetes, gout, blood dyscrasias, avitaminosis, etc., may prepare the way or be responsible for the local tissue disturbances which are similar to the infectious types of uveitis. They may also enable the organisms to gain a foothold because of reduced resistance of the body or of the uveal tissues to infection.

7 Neoplasm—The presence of a neoplasm, either local or from a metastatic source, should be excluded in the investigation of certain cases of uveitis, because in its early form a neoplasm may be mistaken for an inflammatory lesion and vice versa. Necrotic degeneration of a neoplasm may cause aseptic inflammation of the uvea.

#### Summary and Conclusions

A survey of the cause of uvertis and the methods of investigation with a discussion and judgment of the data obtained has been given from the personal experience of an ophthalmologist Direct, focal, and general infection, allergy, trauma, vascular disease, metabolic and nutritional disorders, and finally neoplasm have been given particular attention

#### SPONTANEOUS MEDIASTINAL EMPHYSEMA

M H STEIN, Capt. (MC), AUS

SPONTANEOUS mediastinal emphysema very closely simulates coronary occlusion, pericarditis, pulmonary embolus, and disaceting ancurysm of the norta. Because of this obvious importance in differential diagnosis, more frequent reports of cases of spontaneous mediastinal emphysems seem justified, in order to bring the condition to the attention of the profession

In 1918, during the first World War, Berkley and Coffen, from observations made in an army camp, concluded that the simultaneous appearance of pneumothorax and subcutaneous omphysems were dependent on a single cause, air in the mediastinum Macklin and Macklin credit these men with the discovery that pulmonary interstitial emphysema causes medias-

tinal emphysema.

Up to 1943, 22 cases of epontaneous mediastinal emphysema have been reported in the literature. The first complete and thorough report was made by Hammen' in 1939 when he described a total of 7 cases. His interest in the subject was again displayed when he made it the theme of the Frank Billings Lecture which he delivered at the American Medical Association convention in June, 1944. Hamman was the first to describe the real spontanenty and importance of the condition. Mackin's work was also of foremost significance in this respect.

Mediastinal emphysema, in eddition to the spontaneous form in which no apparent cause can be found, can also occur in one of the follow-

ing conditions

1 Trauma to chest, such as rih fractures, stab wounds, and gunshot wounds

2 Conditions associated with unusual pulmonary effort, such as parturation, coughing paroxysms of pertussis or croup, or severe dyspines of bronchial asthma.

3 Complicating procedures, such as induction of artificial pneumothorax, pneumoperatoneum, tracheotomy, bronchoscopy, and radical neck dissection

4 Complicating infectious diseases, such as theoreulosis, pneumonia, diphtheria, and influenza

Most cases of spontaneous mediastanal emphysema reported in recent years were in young men, except one in an older man ol 51 years of age, reported in Hamman's series.\*

The mechanism of the development of the pathology is interesting. The belief is that rupture of the pulmonary alveolt takes place spontaneously or with the slightest effort, allowing

air to escape into the surrounding pulmonary causing pulmonary interstitual physema. This escaped air travels elong the fascial planes, along the perivascular sheaths of the pulmonic vessels toward the hilus of the lung into the medicatinum. The experimental work of Macklin and Macklin' supports this mochanisin of development. They forcibly overinflated fresh excised lungs of calves hy blowing air into the tightly cannulated traches until the nivedi runtured They noticed that the pleurn became taut end that the air escaped into the connective tissue of the lung and soon hubbles of air escaped at the stumps of the great pulmonary vessels in the lung roots, at the mediantinal site.

In the mediastinum the air infiltrates the tiseues that he between the heart and the anterior chest wall. The distension of the mediastinal tissues causes pain, often severe, with radiation simulating angina pectoris. Often there is pain on awallowing or deep breatlung, which may vary with movement, such as turning from side to side or turning of the head. If the air remains trapped in the mediastinum and continues to pour into that space, then pressure on the great vessels and heart may produce deletenous effects. Fortunately, the latter seddom occurs. Usually a small amount of air is trapped and that most often is spontaneously absorbed in a few days.

Occasionally, instead of remaining trapped, the air in the mediastinum travels along fascial planes and appears ebove the clavoles, spreading up into the tissues of the neck and down over the anterior chest wall, producing subcutaneous emphyseme in those areas. In extreme cases it may even travel down over the ebdomen to the lower extremities as subcutaneous emphysema. The air from the mediastinum may also follow another course, through the epertures in the diaphragm, along the esophagus and aorta and into the retroperitoneal tissues. The usual occurrence, however, when the air does spread from the mediastinum to produce subcutaneous emphysema, is toward the claycles and neck.

Another possible course for the mediastinal nir to follow is through the pleura into the pleural space, thus producing a meumothorax. This association of pneumothorax with mediastinal emphysema is found in one third of the cases of spontaneous mediastinal emphysema, according to Hamman.

The development of an associated pneumothorax may help to stop the escape of air from the ruptured pulmonary alveoli into the interstitual tissue of the affected lung <sup>2</sup> In his original series of 7 cases Hamman<sup>4</sup> found an associated small pneumothorax of the left upper lung in 2. The case reports in the literature reviewed by this author, in which the spontaneous mediastinal emphysema was complicated by pneumothorax, all showed a small pneumothorax of the left upper lung. Hoffman, Pobirs, and Merliss' reported one, Lintz's reported one, and Griffin's reported 3 in addition to the 2 cases in Hamman's series of 7 referred to previously

Two cases, in which there was a small pneumothorax of the left upper lung associated with spontaneous mediastinal emphysema, were seen by this author at the Station Hospital at Camp Hale, Colorado These cases are described later in this report. It seems, therefore, that when pneumothorax does follow spontaneous mediastinal emphysema a small portion of the left upper lung is usually involved.

The chinical picture has already been mentioned in the description of the pain, which is substernal and may radiate to the shoulder and down the left arm like angina pectoris. The pain is usually sudden in onset and severe, the severity depending on the distension of the mediastinal tissues, and may persist for a few days. It subsides as the air is absorbed. Pain on swallowing is not uncommon, too. Pain on breathing, associated with some dyspiea, is also felt at times. Change in position may aggravate the pain.

Although the pain is very similar to such conditions as coronary occlusion, pericarditis, pulmonary embolus, and dissecting aneurysm of the aorta, the other features of the clinical picture are more distinctive for spontaneous mediastinal emphysema. It is worth noting that one case was reported by Adcock<sup>9</sup> in which pain was not present in the chest, the author attributed that to the ease with which the mediastinal air escaped into the retroperitoneal and subcutaneous tissues

The other clinical features of spontaneous mediastinal emphysema are

over the heart. This sound is usually heard with a systole along the left border of the sternum, and is heard best with the patient holding his breath at the end of expiration. The quality of the sound has been described differently by various men. It has at different times been referred to as crunching, bubbling, crepitant, crackling, cheking, and popping. One author described it as a sound comparable to that produced by the crumpling of a handful of cellophane close to the ear <sup>3</sup> Regardless of the adjective used to describe this sound, once heard it will

always be remembered as a distinctive finding Change in position of the patient alters the intensity of this sound. This finding usually persists for a few days and disappears with the absorption of air from the mediastinum. This peculiar sound is not heard in any other condition but mediastinal emphysema.

- 2 Obliteration of cardiac dullness Usually with the presence of air in the mediastinum the normal cardiac dullness is obliterated, but in some very mild cases the dullness may only be diminished
- 3 Constitutional symptoms are absent Fever, leukocytosis, increased sedimentation rate, and evidence of shock are usually not present in spontaneous mediastinal emphysema
- 4 Associated secondary pneumothorax, usually small and involving the left upper lung, is present in about one third of the cases
  - 5 The electrocardiogram is normal
- 6 X-ray may show the presence of air in a lateral view between the heart and the anterior chest wall. This is not a constant finding and is not necessary for the diagnosis. When negative in the lateral view the antero-posterior view might show a sharp distinct line parallel to the border of the heart. When the associated pneumothorax is present, that obviously will be apparent on the x-ray. In Hamman's 7 cases, reported in 1939, only 2 showed positive x-ray findings of air between the heart and the anterior chest wall. Many of the cases reported in the literature had negative x-ray findings.
- 7 Subcutaneous emphysema of the neck or elsewhere appear, as indicated previously
- 8 There are symptoms of compression of the heart and great vessels in severe cases

The most significant diagnostic finding is the characteristic sound heard along the left border of the sternum, as described previously. It must not be confused with pericarditis. The other clinical features of spontaneous mediastinal emphysema and the absence of electrocardiographic changes, fever, and leukocytosis are helpful differential points in that respect. With a knowledge of the other clinical characteristics of spontaneous mediastinal emphysema as described, coronary occlusion, pulmonary embolus, and dissecting aneurysm of the aorta can be ruled out.

The prognosis in most cases is good, the mediastinal air usually being small in amount and being absorbed spontaneously. In those cases the treatment is just symptomatic and conservative. When air block is present, due to an excessive amount of air being trapped in the mediastinum, then deleterious effects follow. Dyspnea, cyanosis, and venous distension in increasing severity are alarming signs. In those cases

surgical intervention is imperative to aspirate the trapped air by suction through needles inserted into the mediastinal space or incisions and the insertion of catheters Tortunately, most patients get well in a few days by spontaneous absorption of the air and are out of bed in a very short time

#### Case Reports

Case 1 -A soldier, 10 years of age, was admitted to the Station Hospital at Camp Hale, Colorado, on January 6 1944 with a history of sudden spon tancous onset of sovere, sharp pain in the left side of the chest, starting at the left border of the ster num, radiating to the left axilla and left side of the back, and associated with shortness of breath. Ho was admitted about twelve hours after easet of this pain and on admission It was still present. His past history was irrelovant except for a chronic cough for the past two years which was diagnosed as bronchitis in civilian life Family history was negative

On physical examination the physical signs of a slight pneumothorax of the left upper lung and n 'to-and fre" clicking sound superimposed over the heart sounds were elicited. This sound was the most striking physical sign and was heard best during expiration, along the left border of the There was slight dyspnea, but no cyanosis and no obvious signs of shock or any marked distress Completo blood count, urinalysis, blood Kahn test, repeated blood sedimentation rates, and electrocardiograms were normal. Fover was absent throughout the examination. A ray of chest on admission showed a 20 per cent collapse of the

left upper lobe of the lung.

The pain continued for a few days in diminishing intensity but was aggravated by change of position such as when the patient turned from side to side. The clicking sound along the loft sternal border, synchronous with the heart sounds, persisted for eight days after admission, after which It dissppeared. A recheck of the x rays of the chest showed a gradual disappearance of the pneumothorax, and on January 25, 1944, the affected lung was completely re-expanded and there was no evidence of any pathology in the chest by x-ray

Although the x-ray in the lateral and anteroposterior views did not demonstrate nir in the mediantinum the climical course with the presence of the characteristic, diagnostic, clicking sound, described along the left border of the sternum with the associated small pneumotherax of the left upper lung was sufficient nyidence for the diagnosis of spontaneous mediastinal emphysema. This patient made a complete recovery, as indicated above

Case 2 -A soldier, 23 years of age, was admitted to the Station Hospital at Camp Hale, Colorado, on the morning of January 29, 1944, with a history of sudden onset of substernal pain radiating to the left chest, shoulder, arm, and left scapular region on the evening of January 28, 1944 This pain was associated with difficulty in breathing and was aggravated at the end of each inspiration. It was still present on admission, but became less intense with rest in bed. When turning from side to side the patient claimed that he felt something move in his chost, which he described as a pressure sensation In 1941 the patient had had a spontaneous pnoumothorax which cleared up without much trouble, and his past history also revealed that he had had pneumonia four times, at the ages of 3 months, 6 years, 10 years, and 13 years Famliy history was negative

Physical examination on admission revealed that the patient was slightly dysphere but there was no cyanosis there were signs indicative of a slight pneumothorax over the left upper side of the chest Cardiac duliness was obliterated On the following day, January 30, 1944, a clicking sound was audible along the left sternal border, synchronous with the heart sounds, it was heard best at the end of expira tion with the patient holding his breath, and it was loudest at the third left Intercostal space. chest pain and the clicking sound persisted until February 11, 1044, nithough the pain became milder after admission and gradually less intense The clicking sound was often intensified by changing

the patient s position

Laboratory studies, including blood counts urine. blood Kahn, sputum examinations for acid-fast organisms, sodimentation rates, and electrocardiograms were persistently normal. There was no febrile reaction at any time. An x ray of the chest on admission showed a pacumothorax of the loft upper lung with about 30 per cent collapse, which by recheck films showed complete re-expansion and completely negative lung fields by February 21. 1944 Air in the mediastinum was not demon strated by the x-ray, but in view of this diagnostic clicking sound, the diagnosis of spontaneous mediastinal empliysema seemed warranted.

By February 11, 1944, the patient was free of his chest pain and the clicking sound heard along the loft stornal border was gone. He made a complete recovery with conservative treatment and returned

to duty on March 18, 1944

This patient returned to duty and got along well without any complaints until June 23 1944, when ho ngain developed suddenly sharp pain between the sternum and the entire left side of the chest, radiating to the left arm down to the elbow, assocated with difficulty in breathing. With these complaints he was again admitted to the Station Hospital. This time on admission he also complained of some slight difficulty in swallowing and said he felt as if there was some obstruction in his erophagua.

On admission there was no appreciable dyspnea or cyanosis. A double chaking sound along the left aternal border loudest in the sitting position and synchronous with the heart sounds, was again audible. There was obliteration of cardiac duliness and also agas of a small pneumotherax of the left upper lung. During the following few days the clicking sound was synchronous only with systole and its intensity varied with change in the position of the patient.

All laboratory work, as proviously, including

electrocardiograms, was negative Again there was no febrile reaction X-rays again showed a minimal pneumothorax of the left upper lung, limited to the apical region. Air in the mediastinum was again not demonstrated by x-rays in any of the lateral or anteroposterior views July 4, 1944, his chest was completely negative, with complete re-expansion of the lung affected by the pneumothorax Six days after admission the patient was free of chest pain and the peculiar clicking sound was gone Again with conservative treatment he made a complete recovery and was discharged from the hospital on July 10, 1944

#### Discussion

In both of these cases the diagnosis of spontaneous mediastinal emphysema was made on the presence of the characteristic clicking sound, synchronous with the heart sounds and heard best along the left border of the sternum asmuch as the failure of the x-ray to demonstrate air in the mediastinum is not sufficient cause to invalidate such a diagnosis in the presence of the above diagnostic sign, the negative x-ray findings in these cases, therefore, were not too significant The occurrence of the small pneumothorax in each case was considered secondary to the spontaneous mediastinal emphysema, which is the accepted pathogenesis in these The involvement of a small portion of the left upper lung by the pneumothorax is worthy of note, since it closely resembles the pattern of most of the other cases reported in the literature

The recurrence of this disease in the second case within an interval of a few months is interest-It is possible that his pneumothorax in 1941 was also secondary to mediastinal emphysema

#### Summary

- A brief résumé of the subject of spontaneous mediastinal emphysema is presented
- The importance of recognizing the clinical picture of spontaneous mediastinal emphysema in differentiating it from such conditions as pericarditis, coronary occlusion, pulmonary embolus, and dissecting aneurysm of the aorta is stressed
- The absolute diagnostic sign is the peculiar 3 clicking sound along the left border of the sternum, as described
- The negative x-ray findings do not invalidate the diagnosis
- Two cases in young men are presented, one with a recurrence of the disease

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#### COMMITTEE ON ARTIFICIAL LIMBS IS

Announcing the organization by the National Academy of Sciences and the National Research Council of a Committee on Prosthetic Devices, the Journal of the American Medical Association for April 7 points out that this move brings the promise of new advances and progressive development in the manufacture of artificial limbs The Journal

says
"At the request of the Surgeon General of the the National Academy of Sciences and the National Research Council have organized a Committee on Prosthetic Devices Here for the first time experts in the field of engineering will combine with surgeons and inventors to apply to the manufacture of artificial limbs the knowledge that has been gained in the fundamental sciences history of prosthetic devices indicates that there has been a failure to apply much of the knowledge that has become available The tendency has been for manufacturers of devices to hold strictly to models which they have themselves developed and on which they might be able to establish patents Brace makers and makers of artificial limbs fre-

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quently have held as trade secrets some of the inprovements which they have developed and would teach them only to their own apprentices new discoveries have been made in alloys of metals which would provide light weight, malleability, freedom from rust, and other desirable factors. These dom from rust, and other desirable factors These have, however, been incorporated too infrequently in the making of prosthetic devices. The committee will aim to incorporate these new advances into the making of artificial limbs and to bring about as much standardization as possible in parts and mechanisms so as to assure simplification of main-tenance and repair The auspices under which this committee has been established and the inclusion of such names as those of Kettering, Magnuson, McClure, and Wilson mean that progress will be made

The chairman is Dr Paul E Klopsteg, professor of applied science at Northwestern University, who gives assurance that the points of view of engineering, production, fitting, and servicing, as well as the medical and surgical points of view, will prevail

in the work of this committee"

#### THE INCREASED INCIDENCE OF VENEREAL DISEASE IN UPSTATE NEW YORK

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(From the Durision of Syphilis Control New York State Department of Health)

URING these times of world-wide turmoil and catastrophe, an increase of venereal disease in upstate New York can scarcely be regarded as a major calamity. Yet such an in crease has a significance beyond its mere size, as a portent of the times and as a herald of the problem of postwar medical care. And the fact that the following data were gathered by means of a reporting system which is unique in respect to size of population, area of coverage, completeness of data for the population served, and the accuracy of information concerning cases reported may have valid implications for populations outaide of the area served

In 1942, physicians in upstate New York reported 13 per cent more cases of early syphilis than in 1941, 26 per cent more in 1943, 32 per cent more in 1944, and 60 per cent more in the first quarter of 1945 That this increase in infectious syphilis was discovered by a profession with only 53 per cent of its members practicing in 1940, and in a population from which over 30 per cent of the men 15 to 40 years of age had been removed, is of grave import.

Before proceeding to further analysis of these figures, it may be desirable to describe briefly the system under which they are gathered, since the validity of our conclusions must depend in large measure upon the integrity of the procedure

through which information is gathered

Prior to 1936, there were only two citles in New York State in which effort was made to gather information concerning all cases of syphilis known to the practicing profession, hospitals, and climes At the beginning of that year it was required by law that copies of every positive laboratory report be forwarded to a responsible health authority, which was empowered to secure from the physician a case report including the name of the patient and the stage of disease. It required three years to bring this system of reporting to its present degree of completeness In the years 1939, 1940, and 1941 the number of cases of syphilis reported and the proportion of these patients in their first year of infection seemed to approach a balance, as will be seen in the following table It is not clear that gonorrhea was reported with the same degree of completeness, for there is in this disease no indispensable laboratory procedure, such as the complementfixation test for syphilus, which would hring the

cases to the attention of the public-health authorities, nor was there any apparently valid necessity for n program to place or keep the patient with gonorrhea under observation or therapy

By way of documentation of these data, it may be said that every laboratory performing serologio testa for syphilis in the upstate area which reported these results to the practicing physician was sending copies of positive and doubtful reports to the local health authority hy Ninety-eight per cent of the persons from whom these specimens had been withdrawn were reported as cases, or were stated, in a few instances, not to be infected with syphiles Though the law was specific in requiring the physician to report all cases coming to his observation, prosecution was not employed to compel its observance among those who could not reconcile themselves to the observance of the public interest in this matter Yet only 2 per cent of the profession refused to report their cases Although the Sanitary Codo permitted the reporting of cases of syphilis by initials and date of birth, more than 97 per cent were reported by full name and address

In order to truly evaluate the agmificance of the apparent increase of syphilis for localities, age groups, and sex and race classifications, the experience of the prewar years 1939, 1940, and 1941 was combined into averages for these groups. lest the variation in any year used as a standard yield a false impression. The following tabulation by size of city demonstrates that the increased spread of syphilis has been demonstrated most clearly in the larger citles Information gleaned from Selective Service serologic examinations, in which the percentage of examined individuals positive to the serologic test for syphilis was quite as high in rural as in urban areas, indicates that this disease is quite as prevalent in the smaller places and the countryside as in the cities seems probable that an increase of early eyphilis has not been noted in those areas because of their relatively greater loss of physicians, rather than through any difference in morbidity None of the larger municipalities in New York State has escaped the rising tide of venereal infections was noted first in places in which reporting was best, but had come to light in all the larger cities by the end of 1944

The Negro has played a role of far greater importance in this outbreak than the proportion

TABLE 1 —Reported Cases of Syphilis, All Stages and Early Acquired, and Gonorrhea New York State, Exclusive of New York City, 1939-1945

	Syphilis			
Year 1939 1940 1941 1942 1943 1944 1945 (first quarter)	All Stages 14,266 12,695 12 920 12,997 12,088 9,173 1,984	Early No 1,081 1,011 1,019 1,151 1,288 1,347 417	Acquired Per Cent 7 6 8 0 7 9 8 9 10 7 14 7 21 0	Gonorrhea 5,308 5 070 5,119 4,955 4,854 5,632 1,907

of his race in our population According to the 1940 census figures, less than 3 per cent of the up-Yet 36 8 per cent state population were Negro of late cases of syphilis reported in 1944 were among this group, and 43 7 per cent of the early infectious cases The ratio of early to late syphilis was 1 4 8 among Negroes, as compared to No specific explanation 1 6 3 among whites has been found for this apparently high discovery rate of recent infections among this race, unless it be attributed to the younger average age of acquisition of the disease among these people. an explanation which seems inadequate. It is to be noted that no Negroes known to be transient were included in these tabulations. Hundreds of case reports were received for farm workers who were brought from the South to harvest the crops, and returned to their homes after the working season, but these have not been counted

The younger adults from the ages of 15 to 20 began to be reported as early cases in increased numbers for the first time in the upstate area in 1942, when the number was 27 per cent above that of the prewar years By 1944, the morease in early syphilis in the age group had reached 114 per cent in the upstate area. As would be expected in a population from which many young males had been removed, the proportion of females found to have recent infections increased from 44 per cent during the prewar years to 52 per cent in 1944 Considering the greater probability of the female's being unaware of her infection and the greater difficulty of diagnosis in this sex, it seems probable that there remains in the population a large group of undiscovered cases in women

But the most alarming feature of these observations is the low proportion of discovered cases which are in a stage in which transmission of infection may be terminated by treatment During the prewar years, less than 1 in 11 cases were reported during their first year of infection, according to the diagnosis of their physicians. It would seem that 10 of every 11 cases had transmitted their infections as widely as their habits and opportunities would permit before treatment

TABLE 2—Number of Reported Cases of Early Acquired Syphilis by Population Groups New York State, Exclusive of New York City, Average 1939-1941 and 1944

Total*	Prowar Average, 1939-1941, Number 1,037	1944, Number 1,347	Per Cent Increase, 1944 over 1939-1941, Average 29 9
Places over 10,000	650	964	48 3
Over 100,000	280	502	79 3
10,000-100,000	338	470	24 9
Places under 10,000	338	335	-0 9

<sup>\*</sup> Includes cases and population in State and Federal institutions, for 1944, it also includes cases reported from military areas

was instituted, which in the late state would affect only the welfare of the individual patient, while his undiscovered sex partners pursued their courses toward the ultimate pathology of the disease. In 1944 early cases constituted 147 per cent of reported acquired syphilis, a proportion of 1 to 68. In no locality in which accurate records had been maintained has the proportion of early cases been higher than 1.5. It seems doubtful that treatment of infectious cases, however effective, can control a disease in which approximately 80 per cent of the infected individuals continue to spread their virus until natural immunity operates to terminate the occurrence of infectious lesions.

But there are more possibilities of further control than is being effected at the present time The investigation of sexual contacts of cases of recent onset leads not infrequently to patients who have been reported to the health department as having late syphilis (more than one year in duration) It is certain that there are still other cases reported as late acquired syphilis which are actually still infectious Nothing can be done in the way of contact investigation of all late cases, for personnel are insufficient for this huge task even in normal years and especially so at this It remains for the practicing physician, whose case finding is the backbone of venereal disease control in New York State, to designate every patient who has or may have a case of early syphilis of recent onset, in order that investigation of sex contacts may be prosecuted to the end of terminating every possible chain of infection in our population

The urgency of this problem is demonstrated by a review of the course of venereal disease after the last war. It was during the postwar period that the greatest spread was noted. It is apparent that a seeding of the female population with venereal disease has occurred during this war. Unless efforts to find infectious cases are redoubled, a recrudescence of these infections is

probable

## THE PRESENT STATUS OF RESEARCH IN THE CHEMOTHERAPY OF SULFONAMIDES, SULFONES, AND RELATED COMPOUNDS IN EXPERIMENTAL TUBERCULOSIS

M I SMITH, MD

(From the Durision of Physiology National Institute of Health, Bethesda, Maryland)

That and failures in the search for a specific SHALL not attempt to recount the numerous drug in the treatment of tuberculosis beyond reminding you that gold, copper, mercury cadmium and several rare elements calcium, arsenic, silver, the acridine and other dyes and chaulmoogric neid and Its esters have each had their day, with disappointment following in their wake Some work now in progress on the chemotherapy of a series of synthetic altoyohe acids structurally related to chaulmoogric acid appears promising and interesting. The question of antibiotics in experimental tuberculosis, too, is receiving some attention. Time will not permit me to go into a dotailed discussion of this. I shall limit myself to a hrief survey of the more recent developments in the field of research on the sulfonamides and related compounds as applied to the problem of tuberculosis chemotherapy

First, let me begin with a definition of the term "chemotherapy" Chemotherapy as used here denotes the treatment of an infectious disease with a chemical possessing specific and preferential cytotoxic notion against the invading microorganisms without affecting ndversely the normal physiclogic processes of the host. It must have either a direct action by virtue of its own physical or chemical properties, or it must be capable of yielding a product of its metabolism in the body, and in sufficient concentration in the blood and the tusues, to effect a bactericidal or bacteriostatic action to enable the organism to rid Itself of the infectious agent. Stimulation of the defense mechanisms of the host may be an im portant contributing factor, but can hardly be regarded as the primary and essential effect of a specific chemotiverapeutic agent.

Permit me to remind you again that up until 1935 all attempts at chemotherapy of bacterial infections were essentially unsuccessful despite the fact that effective chemotherapeutic against certain protozoal diseases, such as malaria, amebiasis, trypanosomiasis, and syphilis, had been known for some time. With the advent of prontosil in the treatment of streptococcal infections, the active constituent of which was later shown by the Trefouels, Nitti, and Boret to be sulfanilamide, our interest in chemo-

therupy of tuberculosis has reawakened Rich and Follis<sup>2</sup> were the first to demonstrate an inhibitory effect upon the development of tuberculosis in guinea pigs treated with large doses of sulfandamide However, in order to be effective the drug had to be administered in such large doses that many animals died of drug toxicity.

This has been amply confirmed in other laboratories, and the same appears to be true of sulfapyridine and sulfathiazole Nevertheless, Rich's work has served to emphasize the possibility of modification of chemical structure of sulfanilamide to enhance its activity against the tubercle bacillus in a manner comparable to the effectiveness of sulfapyridine in pneumococcal infections

Following these early reports by Rich in 1938 and 1939, we undertook a survey of some twenty-five compounds—sulfonamides, some sulfones, and a few phespherus-related compounds, many of which had been synthesized in our laboratories by Dr. H. Bauer in the course of some studies on the chemotherapy of experimental bacterial infections. It was our aim to screen out by preliminary in vitro tests the more promising compounds for more detailed study.

Chart I depicts a few of the more interesting compounds of this series Sulfamilie acid (SN), which may be considered as the precursor of sulfanilamide, had no inhibitory action aminst the tubercle bacillus, human strain, grown on glycerin broth, in concentrations up to 500 mg per cent, while sulfanilamide (SA) inhibited growth at n concentration of 50 mg per cent Introduction of an ethanol substituent in the N' position of sulfamilamide (SE) decreased the activity as did the introduction of cinnamic acid in the same position (SC) Both these compounds are less to ue and much less accetylated than sulfanilamide. Examination of sulfapyridine (SP), sulfathlazole (ST), and sulfadiazine (SD) showed higher netivity, while the most effective compound of the whole series was 4,4'-diaminodiphenylsulfone. This, it seemed to us at that time, indicated a superiority for the sulfone (DDS) over all the other compounds Subsequent tests in tubercle-infected guinea pigs, in which the drugs were administered daily in doses up to the limits of tolerance, indicated no protective netion from sulfapyridine or sulfathiazole, a degree of protection from sulfadiazine, and the

Read at the Tuberculosis Sanatorium Conference Thirty Fourth Clinical Session on Chronic Pulmonary Diseases Cornell University January 10 1945

CHART I -SULFONAMIDES AND PROSPHORUS RELATED COMPOUNDS

CHART I SU	PLOUVE TIPES THE			
- Cultura 1	Mg Per Cent		Mg Per Cent	TB Index
SN NH: SO:OH	>500	NH <sub>2</sub> NHC <sub>2</sub> H <sub>4</sub> N	20	100
SA NH: SO-NH:	50	ST NH2 NHC3H2NS	5	100
SE NH: SOINHCHICHION	>100	SD NH: \rightarrow NHC(H;N;	10	61
SC NH, SO,NH CH CHCOOH	>80	DDS NH, SO, NH,	2	40
	Mg Per Cent		P	Mg. er Cent
PN NH <sub>2</sub> PO(OH) <sub>2</sub>	10	SPN NH2 SO2NH PO(OH)2		>80

CHART 2 -SULFANILAMIDE AND PHOSPHORUS RELATED COMPOUNDS

	CHART 2 - BOBI MAISMAN			
SA NH <sub>2</sub> SO, NH-	Mg Per Cent 50	TB Index	ČH• I∕I	TB Index
S-D NH <sub>2</sub> SO <sub>2</sub> NH N	10	61	NH: SO:NH OCCH-C	89
S-PZ NH <sub>2</sub> SO <sub>2</sub> NH N	5–10	81	IF CH: NH. SO:NH CO CH:	74 67
NH- SO2 NH	10 CH <sub>1</sub>	91	C <sub>1</sub> H <sub>11</sub> CONH SO <sub>2</sub> NHOH	UI
NH, SO2 NH C	Hı 10–20 Hı	95	$\begin{array}{c c} & \text{DP} \\ & \text{(CH_3)_2N} & \bigcirc & \\ & \text{DP} \\ & \text{OH} \\ & $	56

best results were obtained from diaminodiphenylsulfone 4

A point of theoretic interest is presented in the compound phosphanilic acid (PN), which is the phosphorus analogue of sulfanilic acid <sup>5</sup> While sulfanilic acid was wholly inactive, its phosphorus analogue showed good inhibition of growth in vitro at a concentration of 10 mg per cent. Since sulfanilamide is more than 10 times as active as its precursor, sulfanilic acid, it seemed reasonable to suppose that phosphanilamide, that is to say, the phosphorus analogue of sulfanilamide, would greatly surpass the latter in activity. So far it has not been possible to synthesize such a compound. However, we have succeeded in

introducing the benzene phosphonic group in the N' position in sulfanilamide (SPN) with disappointing results, since the activity of the compound proved to be lower than that of sulfanilamide and much lower than phosphanilic acid

Pursuing the problem further, we proceeded to determine the comparative effectiveness of a series of sulfanilamide-substituted derivatives, including sulfadiazine, and some of the newer compounds closely related to sulfadiazine

Chart 2 shows that the compounds chemically related to sulfadiazine, namely, sulfapyrazine (SPZ), sulfamerazine (SMZ), and sulfamethazine (SMT), all have moderately good inhibitory

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llin Bo NH.	Mg. TB Per Cent Index 2-5 53	TB Index	The state of the s	Mr. TB Per Cent Index	Erg s
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NH-CHAROAN			NB <sub>1</sub> \rightarrow 80 <sub>0</sub> \rightarrow NO <sub>0</sub>		¥
NH—CHASOLNA	Ē	22	ин, Ово-Оп	ž	ĭ
₽O <sub>2</sub> N&			B-CNII,		
ин фиснопренон	:		NII. () 80, 6, 12		8
ин сисном) сион	Q R	3	211		
80, Na			NH \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
ли <sub>г</sub> 🔷 во <sub>г</sub> 🔷 инво <sub>г</sub> он	740		NH SO. NHPO(OH),	, 10	2
VH, SO, WHCIIACOOH	20-40	23	HO O		
,			NET C SOS C NHÉNNI C SOS C SOS	,	;
WH, C SEO1 NH COOOH	5-10		NII. O 804 O NHPNII O 804 O VIH OIB	Š	3
2,			10 O		

However, when tested in action in vitro tubercle-infected experimental animals under our standard conditions they showed httle activity Equally poor results were obtained in experimental animals with the acroyl derivative of sulfanilamide, irgamide (IM), and slightly better results were obtained with the dimethyl benzoyl derivative, irgafen (IF) The superiority of N4 caproyl amino benzene sulfanyl hydroxylamine (SB) as shown in the chart is only apparent, as will be pointed out later, for the toxicity of this compound offsets what possible advantage it might have 6 The same is true of the phosbisdimethylaminophenyl compound phorus phosphinous acid (DP)

Following this preliminary survey it became apparent that the sulfonamides did not offer a very promising field, but that in the sulfones there seemed to he some possibilities Bloch, and Hamon showed in 1940 that 4,4'diaminodiphenylsulfone was far more effective than sulfanilamide against avian bacillus infection in rabbits. Our own studies showed a greater inhibiting action in vitro for the sulfones than for any of the other compounds studied This compound, first used by Buttle and associates,8 is practically insoluble in water and much too toxic, and so the problem resolved itself into synthesizing derivatives and chemically related compounds in the hope of decreasing toxicity and increasing antibacterial specificity But before going into this phase of the problem let me digress for a moment to discuss briefly the methods we use in testing compounds for chemotherapeutic effectiveness

The in vitro tests to which I alluded earlier, while useful to the extent of eliminating wholly mactive compounds, and though useful from the standpoint of indicating probable direction to be followed by the chemist in his syntheses, have their limitations A compound active in vitro may not necessarily he active in the animal body. or it may be too toxic to the host, or it may not be retained sufficiently long or in sufficient concentration to evert hacteriostasis, or it may he inactivated in the animal hody too rapidly to he of any value On the other hand, a compound mactive in vitro may he so altered in its metaholism in the body as to yield a highly effective degradation product It is clear that in the final analysis chemotherapeutic effectiveness, like toxicity, can only he determined hy adequate tests in experimental animals. Unhappily, in tuberculosis this is a time-consuming and lahori-

The thought has been expressed that an effective remedy in guinea-pig tuberculosis need not necessarily he effective in the human, since human tuberculosis is not the same as guinea-pig tuher-

Witness the results of such tests with culosis This, it has been asserted, is highly promin effective in the guinea pig, hut ineffective in the human 9 To this I do not subscribe I am thoroughly convinced that guinea-pig tuberculosis is at least as reliable a tool in tuberculosis chemotherapy as trypanosomiasis in mice was in research on chemotherapy of human syphilis. or as streptococcus and pneumococcus infections in mice have been in the more recent researches in chemotherapy of these infections. I think the promin case has not heen stated correctly would be more accurate to state that promin has proved moderately effective in retarding and perhaps arresting the tuberculous process in guinea pigs4,10-12 and that it has appeared to be somewhat effective in human tuberculosis as well 13,14 It is my feeling that, given a compound which will prevent the development of the disease in guinea pigs under carefully controlled conditions when administered in well-tolerated doses over a period of thirty to forty days following a moderately heavy infection, such a drug may well he expected to have a beneficial effect in the human, and might well be tried, provided its safety has been well established by adequate pharmacologic studies This, in brief, is our method, and these are our criteria of chemotherapeutic effectiveness

We inoculate our animals, controls and treated alike, intraperitoneally with a heavy suspension of tubercle bacilli, human strain, a dose of 05 or 1 mg moist weight per guinea pig being used From this we expect a mortality of 50 per cent or over in sixty to one hundred days in the controls The extent of tuberculous involvement is rated at necropsy on the basis of 0 to 4, according to the amount and extent of gross lesions in the organs most commonly involved, namely, the omentum, the spleen, the liver, the peritoneum, kidneys, and mesenteric glands, and the lungs This gives a maximum count of 20 for any one Fifteen to 20 animals are used in the anımal controls and an equal number in each of the treated groups Treatment is given by stomach tube, suhcutaneously, or intravenously, once a day, in doses close to but not beyond the limits of tolerance, and the treatment continued usually for thirty days following infection, that is to say, during the period of active dissemination of the invading micro-organism when the disease process becomes fully established We use young growing animals, so that the weight curve may serve as a guide to hoth the disease process and the toucity of the drug At the end of a suitable experimental period, usually sixty to one hundred and twenty days, when 50 per cent or more of the controls have died with tuberculosis, the experiment is terminated, autopsy is performed

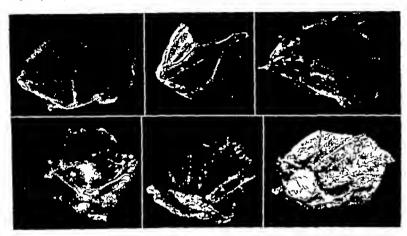
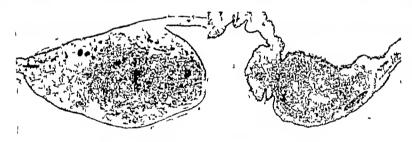


Fig. 1 Infected chorro-allantois



Figs 2 and 3 Microscopic appearance of chorn-allantoid tubercles

on the animals, and the extent of tuberculous is determined

In the final analysis the average extent of tuberculous involvement, or "tuberculous index," in each of the treated groups is calculated in comparison with the control group, the latter being given a rating of 100. It is our practice to use a standard drug of reference, in addition to the controls, in every series of tests with new drugs in order to provide a means of comparison of the efficacy of the compounds under examination. We have generally employed diaminadiphenylsulfone, and sometimes promin, as our standard of reference, since in our experience these two drugs in equimolecular doses calculated on

the basis of diaminodiphenylsulfone content give about the same degree of protection. Blood levels are determined in small groups of normal animals, run concurrently and treated in the same manner, in order to ascertain the maximum blood concentration attainable under the expermental conditions at different times during the twenty four hour period <sup>13</sup>

It is to be emphasized that this type of testing is not advocated as a means of determining whether a given drug is or is not suitable for clinical trial. Much more extensive work will be needed to determine the suitability and safety of a new chemotherapeutic agent for clinical trial. This type of testing, it is believed, is



Fig 4 Effect of avirulent tubercle bacilli on chorio-allantois

sufficiently adequate for exploratory investigations with the object of picking up leads and following them through. These tests do not determine the ultimate value of a given compound, but rather indicate its relative place in the chemotherapeutic spectrum, and that is about all that seems to be needed at the present time, for we need to go much further along developmental lines before we can consider clinical trial with this or that drug

Even with this abbreviated type of testing as just outlined it takes a good deal of work, time, and much more drug than is usually available New compounds in exploratory work are not often made in more than 5- or 10-Gm lots, while an adequate test in guinea pigs usually requires ten to twenty times as much Moreover, it is desirable to have a test from which preliminary and partial information could be obtained in a few days, with a small outlay of drug, before the more elaborate tests are undertaken With this in mind Dr E W Emmart and I have devised the tuberculostatic or tuberculocidal test employing the chorio-allantois of the developing chick embryo Goodpasture and Anderson<sup>16</sup> had shown that when a heavy suspension of avian tubercle bacilli is planted on the chorio-allantois of an eight- to ten-day-old chick embyro discrete and conglomerate tubercles developed within the extraordinarily short period of seven days We have confirmed this, for the human and bovine strains, and have shown that only viable tubercle bacilli will produce this effect, it that the extent of involvement of the membrane is related to the virulence of the strain, 18 and that attentuation of virulence of a given strain, as when exposed to the action of a suitable drug, can be demonstrated by this method 19

Fig 1, upper row, shows the gross appearance of the chorio-allantois removed six days after it had been implanted with 0 2 cc of a suspension of tubercle bacilli, human strain H37Rv, containing 1 mg of bacilli, moist weight. This is a virulent strain. The membranes in the lower row show the effects of the same dose of H37Ra.

an avirulent dissociant, planted at the same time and under the same experimental conditions Figs 2 and 3 show the microscopic appearance of infected membranes with tubercles in various stages of development, which are formed in the mesodermal layer by the monocytes prohferating in response to the invading micro-organism Nonvirulence or attenuation as brought about by bacteriostatic or bactericidal action of drugs reduces the invasiveness of the tubercle bacillus, so that it fails to penetrate the deeper structures even though acid-fast organisms may be found on the ectodermal layer, but no tubercles are formed in the mesodermal layer, as may be seen in Fig 4

We have used this technic as an aid in evaluat-First the toxicity ing chemotherapeutic efficacy of the drug for the chorno-allantois is determined Then a suspension of bacilli is made containing the maximum amount of drug which will permit the survival of about 50 per cent of the embryos The mixture is planted on the chorio-allantois of a group of embryos and after six days the incidence and severity of infection are noted equal number of controls are treated with the same bacillary suspension in normal saline A comparison of the incidence of infection and extent of tubercle involvement permits an evaluation of tuberculostatic or tuberculocidal It is an in vivo test, as it takes into account the biochemical reactions between invading micro-organism and host cells limitations of the test is that it can be used only with water-soluble compounds

Table 1 gives the results of such a test with five water-soluble derivatives of diaminodiphenyl-sulfone. Of these, promin exhibited slight activity and the N-phosphoryl derivative, to which reference will be made later, appeared to be the most active.

Chart 3 shows the structural formulas and chemical relationships of a group of sulfones and sulfone derivatives that have been studied by one or more of the methods outlined inhibitory concentration of the parent substance, diaminodiphenylsulfone, in vitro is 2 to 5 mg per cent, partial inhibition at 2, complete at 5 mg per cent Next are shown two double-substituted formaldehyde derivatives, sulfoxylate and promin The sulfoxylate derivative was first synthesized in our laboratories by Dr H Bauer in 1937, although the method of preparation was not described until 1939 " Almost simultaneously this compound was also made by Dr G W Raiziss, of the Dermatological Research Laboratories

More recently it has received much publicity under the trade name of Diasone The next three compounds are monosubstituted

TABLE 1 .-- Tuberculostatic Action of Sons Sulyones on Chorio-Allantois and in Vitro

	(			
Compound	Maximum Tolerated Doss Mg.	Tubercie i Membranes Controla		Inhibitory Concentration in Vitro Mg. Per Cent
Promin	10	70	01	20
Nicotinic acid derivative	10	52	80	5-10
N Phoenhoryl derivative	10	93	44	5-10
4-Amino-4 -bydroxydiphenylsullone	2	85	81	2- 5
Formaldehyde sulfoxylate derivative	5	85	84	5-10

TABLE 2 -CHEMOTHERAPHOTIC EFFECTIVENESS OF SULFORES

	(M =	per cent mortal Blood Level.	lity,	TB -	AVCTA!	re tuberi Days	oulosis ind 95 Da	ex)	100	Dava	107	Days
Drug	Kz.	Mg. Per Cent	14	тъ	M	TB	M	ŤΒ	ХÍ	TB	M	ŤB
Controls 4 4 - Disminodiphenylsulfone Promin Formaldehyde sulfoxylste Phenyl glydine Propyl smino	0 15 0 5 0 5 0 2 0 5	2-6 1-7 0 5-3 1-2	0 25 12	63 19	87 7 67 27	100 54 82 54		100 Š8	45 45	100 62	81 56 44 100	100 40 61 88
4-Amino-4 -nitro 4-Amino-4 -hydroxy Promizole N Phosphoryl Tridismidophosphoric	0 & 0 4 0 4	Trace-5 3-17 5-15 Trace-2	•				75 45	54 55	45 45	68 68	40	δι

TABLE 2.—CREMOTERRAPEUTIC EFFECTIVENESS OF SULFORAMIDES

	Om. per	r cent mortality Blood Level	TB -	Days TB	100	DAYS	107	Days	118	Days
Drug	he.	Mg. Per Cent	М	TH	M	TB	M	TB	м	тв
Controls Standard*			0 12	100 391	45 45	100	81 88	100 401	60 40	100
Bulfadiarine	0.5	6-10		-			86	51		•••
Sulfapyrasine	ÕŠ	5- B	58	81						
Bullamerasine	ÕŠ	8-33		-					40	91
Sulfamethasine	ÜŠ	2-23							40 38	91 95
Irgamide	ã Ó	5- 8 8-93 2-33 5-25 5-25 5-93			45 40 70	89				•••
Irgafen	0.5	5-23			40	74 67				
Sulfabenamide	0.3	6-14			70	67				
Phosphanille acld	ÕÃ	0 5-1					94	96		
Dimethylaminophenyl- phosphinous seld	0 3	0 1- 3					81	56		

<sup>\*</sup> Standard as follows: Propylamino \* Sulfone \* N Phosphoryl.

water-soluble derivatives, the sulfonic, acetic, and picotinic acid derivatives. Then follows the insoluble propylamine derivative, then the 4-amino-4'-nitro and 4-amino-4'-hydroxy di phenylsulfone. The insoluble amino thissole derivative-promisole 11-18 shown next, and last two water-soluble phosphorylated derivatives prepared by Dr E L Jackson " The activity of these compounds in vitro is indicated by numerals and their therapeutic efficacy by figures in the "TB index" column This is shown in greater detail in Table 2

Ten of these compounds were tested in five different series of experiments at different times. each experiment lasting from fifty to one hundred and seven days Taking into consideration the survival rate and extent of tuberculous involvement in comparison with the controls, and the drug doeage used in relation to toxicity, it appears that the N-phosphoryl derivative and promin are better than all the other compounds examined, they are about equally effective and safer than the parent sulfone 15 It should be noted that all the compounds had a retarding influence on the tuberculous process, though none prevented or completely arrested the disease process It is conceivable that some of the compounds might have given better results had It been possible to maintain higher blood levels

A glance at Table 3, in which seven sulfonamides and two phosphorus related compounds tested are analyzed, with the sulfone or one of Its derivatives used as a standard of reference. shows that none except sulfadiazine exerted significant retardation of the tuberculous process Most of the compounds were well tolerated, and gave uniformly high blood levels

In conclusion, a lead has been established and a beginning made, it is hoped in the right direction. By judicious substitutions it has been possible to synthesize water-soluble derivatives of diaminodiphenylsulfone Some of the derivatives have shown a much reduced toxicity, but activity has usually been reduced too Rational substitutions to effect greater specificity and activity involve fundamental knowledge of the

nutritional requirements of the tubercle bacillus and the enzymatic process concerned in its metabolism Woods,23 has provided a key to a better understanding of the mechanism of antibacterial action of sulfanilamide when he showed that p-aminobenzoic acid was essential for their growth and metabolism and that sulfamilamide, because of its chemical and biologic similarity to p-aminobenzoic acid, could compete with it metabolically and thus was able to deprive the micro-organisms of the utilization of this essential growth factor

In like manner McIlwain<sup>24 25</sup> has recently contributed important information on the requirements of streptococcus hemolyticus for pantothenic acid, the utilization of which can be blocked by the simple substitution of a sulfonic group for the carboxyl group it may be possible to introduce a suitable substituent into the p-amino benzene sulfonyl nucleus to block effectively the utilization by the tubercle bacillus of a factor essential to its sur-As far as is known the nutritional requirements of the tubercle bacillus are not very complex, though the products of its metabolism are many and complex, as shown by the researches of Anderson and his associates 26 In this connection it is of interest to note that Lloyd and Middlebrook<sup>7</sup> have recently tested a sulfamilyl derivative of 1,4-naphthogumone and found it highly effective in vitro against the tubercle bacillus and its activity was not antagonized by p-aminobenzoic acid and Newman<sup>23</sup> had previously obtained a naphthoquinone from the tubercle bacillus and more recently some evidence has been adduced to indicate that certain acid-fast organisms require naphthogumone as an essential growth factor 3 The possibilities are many and there is much work ahead before a specific drug can be recommended for the treatment of human tuberculosis

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## HOW TO KILL AN ASSOCIATION

Don't come to the meetings

But if you do come, come late If the weather doesn't suit you, don't come 3 at all

4 If you do attend a meeting, find fault with the officers and other members

5 Never accept an office, as it is easier to criticize than to do things

Nevertheless, get sore if you are not appointed on a committee, but if you are, do not attend com-

mittee meetings If asked by the chairman to give your opinion regarding an important matter, tell him you have nothing to say

After the meeting tell everyone how things ought

to be done

Do nothing more than is absolutely necessary, but when other members roll up their sleeves and willingly, unselfishly use their ability to help matters along, howl that the association is run by a chque

Hold back your dues as long as possible, or don't pay at all

Don't bother about getting new inembers 10

Let the secretary do it

When a banquet is given tell everybody money is being wasted on blowouts which make a big noise and accomplish nothing

12 When no banquets are given say the asso-ciation is dead and needs a can tied to it

Don't ask for a banquet ticket until all are 13 80ld

Then swear you've been cheated out of 14 **Yours** 

15 If you do get a ticket, don't pay for it

If asked to sit at the speaker's table, mod-16 estly refuse

If you are not asked, resign from the asso-17 ciation.

If you get your Bulletin don't read it, if you 18 don't get it complain to the secretary -New York Telegram

#### DERMATOLOGIC ASPECTS OF POLIOMYELITIS

JOSÉ GUADALUPE RETES, M D New York City

ERMATOLOGIC manifestations are, in many cases, associated with general pathologio processes taking place within the buman body, that is to say, they are external manifestations of what is going on internally A better understanding of the character and form of the various skin lesions will eventually lead us to the real cause of a disease which may be located in one or more internal organs. The reverse may likewise hold true Chloasma uterinum, for example, is, according to our present information. associated with various pathologic or physiologic processes taking place in the uterus. Some inventurators have also reported cases of pigmentation of the skin during the period of gestation, only to have it clear up completely after childbirth Addison's disease, due to destruction or depression of one or both suprarenal glands, is accompanied by a dirty-grayish brown pigmentation of the exposed areas of the body, and this pigmentation is sometimes confined to the avillae, anus, lips, genitalia, nipples, tongue, or the mucous membrane of the mouth. Moreover, this pigmentation is more pronounced over the bony prominences, with occasional black freekling of the neck and shoulder areas Hemochromatosis, a disease of metabolism, is characterlzed by a bronze shade of pigmentation of the skin, concomitant with hypertrophic cirrhosis of the liver and changes in the pancreas

Hyperkerannization in Poliomyelitis

During the recent opidemic of poliomyelitis in New York City I had the opportunity to observe the great frequency of hyperkeratinization in patients suffering from this disease Eighty-four children were admitted to St. Francis Hospital suffering from poliomyelitis, their ages varying from infancy to 14 years. The incidence of poliomyelitis in the infant group was small, slightly less than 6 per cent, as compared with older children The disease was more common in boys than io girls, the ratio being five to one Dermatologic observation of these children revealed that 98 per ceot had skin lesions located on both infrapatellar areas, on the anterior and lateral aspects of both ankle joints, on the dorsa of both feet, on both soles, and oo the malleoli The lemons were symmotrical and were typically those of byperkeratinization in the form of plaques, small papules, or slightly verrucous elevations, with roughness end dryness of the skin of the legs Roughness and dryness were the commoo lesions found to the infant group, however, one infant, 11 mooths old, showed oli the various types of lesions found in the oldor ohildren. They varied in size from a dime to a half dollar, and sometimes they were covered with fine scales. They showed a dirty lie and were present in the areas where there was friction. These lesions, produced by vitamin-A deficiency, are not to be mistaken for the friction dermatitis encountered in children in areas where friction is common.

In addition, some children showed lesions of the follicular kerntuniation type located on the infrapatellar areas, on the dorsa of the toes, especially the great toes, and on the anterolateral aspect of the thighs and the posterolateral aspect of the upper third of the forearm. The scincform type of eruption was completely obsent

As previously stated, lesions of these types and forms are encountered in cases of vitamin-A deficiency, and their abundance seemed to be proportional to the severity of the poliomyelitio involvement, their prominence disappearing with the abatement of the policmyclitis These were the external and visible manifestations of vitamin A deficiency, but what about the metaplastic changes taking place at the same time in the mucous membranes of the internal organs, Since these mucous membranes are also readily affected, it is sound to assume that some vital changes have also taken place in them 60 per cent of these children showed gastrointestinal symptoms, such as nausea, vomiting, diarrhea, and abdominal pain Moreover, five children, approximately 6 per cent, had musical rales all over the chest, with a cough similar to that produced by pertussis infection, but without the wboop

Description and Metabolism of Vitamin A

Vitamin A is a fat-soluble, viscous liquid, pale in color, and belonging to the benzece series as a primary alcohol whose formula is  $C_mH_mOH$  In animal tissue it is found in two forms, namely, vitamin A and vitamin A. Provitamin A (carotene) is found in the plant kingdom and is changed to vitamin A in the bodies of almost all vertebrate animals. It may be ingested in the form of alpha, beta, and gamma carotene and cryptovanthin, or as cod-liver oil or other fish liver oils. Vitamin A end carotene are absorbed from the intestinal tract and gain access to the blood stream by means of the thoracic duct. The vitamin concentration of the blood depends on the amount ingested with the diet, and the blood

serum normally contains approximately 0 11 ing per 100 cc. In the liver both vitamin A and carotene are taken up by the Kupffer cells and the latter is converted into vitamin A, probably by the action of some enzyme. Oils and fats favor absorption of vitamin A, but mineral oils impede it. Vitamin A is also successfully absorbed when it is administered by the hypodermic route. In man, about 95 per cent of vitamin A is stored up in the liver.

## Vitamin-A Deficiency And Its Effects

Many are the phenomena manifested clinically by the deficiency of vitamin A, but due to the scope of this paper consideration is given only to the process of keratinization, which affects the epithelial structures of the skin and the mucous membranes, and on the central nervous system. Externally, this deficiency facilitates the entrance of bacteria from without into the deeper structures of the skin, and systemically it lowers the body resistance to infection, since vitamin A is essential for the normal cellular metabolism of Inadequate intake or absorption of the body vitamin A or provitamin produces general disturbances which are followed by structural changes affecting, primarily, the epithelial structures These changes result in hyperkeratinization of the epithelium of the skin with atrophy of the normal epithelium and proliferation of the basal cells The keratinizing metaplasia may also take place in the ducts of the mucous or sebaceous glands, with cyst or abscess formation produced by the blocking of the lumen of the Some investigators have studied the effects of vitamin-A deficiency on the spinal cord and nervous system, and it is noteworthy to quote Sollman\* on this ground "Degeneration of the myelin sheath of peripheral nerves, especially the sciatic, and of scattered tracts in the spinal cord begins several days before other signs of deficiency appear in rats and increases to death with muscular weakness, incoordination, and final paralysis of the hind legs Its progress can be arrested by supplying the deficiency"

At this point it is logical to state that a great deal of our present knowledge on the deficiency diseases has been gained by animal experimentation, and this refers especially to vitamin A

#### Comment

As stated before, 98 per cent of the children admitted to St Francis Hospital suffering from poliomyelitis showed hyperkeratinization of the skin Children admitted for other diseases did not show this skin manifestation in the same frequency, the ratio being approximately eight to

It may be possible that this modified skin or mucous membrane may be one of the portals of entrance for the poliomyelitis virus, since the vitamin-A deficiency has diminished or impaired the normal resistance of these structures It is now known that this virus is highly neurotropic and that it travels mainly in the nerves through the myelin sheath I have also pointed out that vitamin-A deficiency also produces changes in the myelin sheath of the nerves, probably facilitating in this way the destruction wrought by the virus in the nerves and nervous structures. The final changes in the nerves, however, may be due to the combination of both factors, namely, vitamin-A deficiency and virus neurotropic action. In the group of 84 all except 2 recovered, only 2 were, unfortunately, unable to walk out This group of children came from all strata of social and economic life, they stayed in the hospital from four to six weeks, during which time they were properly cared for and fed by the Sister in charge of the ward The diet was well balanced and food containing vitamin A was freely administered At the time of discharge the lesions of hyperkeratinization had almost disappeared in all the children, with the exception of the 2 above noted who failed to recover completely min-A deficiency will produce keratimization of the epithelium of the skin and the mucous membrane of the conjunctivae, nasopharynx, the trachea, the bronchi, the urogenital system, the tongue, the mouth, and possibly the whole These structures, skin, gastrointestinal tract and mucous membranes, once affected by the keratınızıng metaplasıa, may become open doors for the entrance of the poliomyelitis virus into the human body

Two things may have produced the disappearance of the skin lesions, namely, the abatement of the poliomyelitic process and the proper dietrich in vitamin A. Two of the children in this entire group showed a yellowish pigmentation of the scleras and of the skin (vanthosis cutis), and this jaundice-like symptom may have been due to carotinemia. This further shows the part vitamin A plays in poliomyelitis.

## Summary and Conclusions

From my observations, I can definitely state that

1 Ninety-eight per cent of these children showed hyperkeratinization lesions due to vitamin-A deficiency. These lesions were present in children admitted for other diseases in the ratio of eight to one, that is to say, for every eight children admitted with poliomyelitis there was but one child showing the same skin manifestation who had been admitted for some other niment. Therefore, vitamin-A deficiency may be

<sup>\*</sup> Sollman, Torald A Manual of Pharmacology and Its Applications to Therapeutics and Toxicology, Philadelphia, W B Saunders Co., 1942, p 95

considered as a possible predisposing cause of poliomyelitis

- 2 Routinely, a diet rich in vitamin A should be administered to all children, especially during the periods of epidemics, and this diet should be supplemented by cod-liver oil or its concentrates
- 3 Since vitamin-A deficiency will produce keratinisation of the epithelium of the skin and the mucous membranes of the internal systems.

it is possible that these structures which have been affected by the keratinizing metaplasis are open doors for the entrance of the pohomyelitis virus into the human body

4 Finally, further investigation should be carried out lu this field, especially as to the treatment of pollemyelitis by an adequate amount of vitamin A, either by mouth or parenterally

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#### THE PSYCHOLOGY INVOLVED IN A DIAGNOSIS OF CANCER

The psychologic approach of the physician in cancer cases is defined by the fact that he must communicate the diagnosis to someone. In the curable cases and in those in which prolonged treatment is required, it is rather essential to explain the situation directly to the patient. Here is where the fear, the ignorance, and the superstutors of the public complicate the picture. The patient must be fully informed of his chances by the physician, or the cooperation necessary in prolonged treatment will not be forthcoming

As in all situations there are exceptions. If the physician knows that the temperament of the patent will not stand for huntures, even in curable cases, then the most etable member of the family neutr be told. In the incurable cases, and in those that are concealed involving the internal organs, the patent should never be told, but again knowledge of the diagnosis must be transmitted to some

member of the family

The psychologic handling of the diagnosis begins with the first examination where one's susplicious are aroused. The breast fump is a good example because it illustrates a case in which permission for both hopey and probably subsequent radical operation are involved. By announcing that n hreast tumor may be innecent, "on the fence, or danger one, the groundwork can be laid. If biopsy shows that the tumor is innecent, there will be no need intriber surgery. If, however, biopsy shows that the tumor is on the fence or is one which if not removed will become dangerous, then it must be handled as if already dangerous and an adequate operation performed. This sumply means that when the patient finds the breast gone, shock is lessened by the belief that perhaps it was removed as a precaution and not because of necessity

In talking with patients during the dressing of the wound, the incresion is not revealed and, depending on their temperament, they are told that it was "on the ionce or had actually changed over to a dangerous type. Conversation can be directed to the early use of the arm to telling of patients who are alive ten or more years after operation, and other

such subjects.

There is a type of individual who may try to ex

tract a promise of being told all the facts as soon as the operation is completed. The very patient who must "know every thing" is the one most likely to become despondent and later fail to cooperate in

any way

In malignancy of the gastrointestinal tract, the use of the term 'constructing ulcer' has stood me in good stead. Never have I voluntarily told a pattent that he has an internal cancer, but if he learns of it later, I simply say that 'cancer' has usen ha disagreeable sound that in cases where I know that I have removed all of it I simply call it 'constricting ulcer' Then I advise the patient to use that term not only in talking with friends but also in his own thinking I it is a surprangly successful approach.

The psychology of obtaining permission for a permanent colostomy is most difficult. I frequently evade it Wherever it is possible, I avoid even a temporary colostomy, and in the hopeless situations where there is any suitable material, I do an anastomesis around the growth and close the abdominal wall. In doing this, the proximal loop is placed subcutaneously so that colostomy may be quickly completed at a later time if it becomes necessary. It is well to maintain the hope that the "constricting uleer" having been hypassed may so improve that some day it can be eliminated.

The depth of despondency reached by the patient with a permanent 'sogle barrel colottomy is dependent on his success in managing personal clean cliess. I have one patient who for seven years has taken great delight in coming to the hospital to persuade patients to permit it to be done. He uses the argument that he is sorry for normal individuals because he can keep himself cleaner than he could when normal. This patient fainted when originally asked for permission to perform the operation in dieuted.

As to relatives and friends, the physician can do much by assuring them that cancer is not hereditary, infectious, or transmissible by contact with patient or exercia.

May God forgive the physician who must every day thus apply psychology in his practice, and particularly in cancer cases—W B., in Pennsylvania, M J April, 1946

## CONFERENCES ON THERAPY

DEPARTMENT OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDI-CAL COLLEGE AND THE NEW YORK HOSPITAL, MARCH 15, 1945

THESE are stenographic reports, slightly edited, of conferences by the members of Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors. The next report will appear in the September 1 issue and will concern "Penicillin"

## Digitalis versus Digitoxin

DR MCKELN CATTELL One of the important advances in digitalis therapy in recent years has been the increasing use of the purified glycosides. It is the purpose of the conference today to consider the advantages and the disadvantages, if there be such, in the use of these purified principles in relation to the standard experience with digitalis leaf

The announced title of the conference, "Digitalis vs Digitovin," can be broadened, I think, to include mention of any of the other glycosides which would be pertinent to this discussion. I might mention that the term digitovin is used in the broad sense to include such preparations as digitaline nativelle and purodigin (Wyeth). We are fortunate in having present today a number of cardiologists, and we hope we are in a position to give you evidence relating to some of the questions which may arise in this field.

Dr Gold will open the discussion with brief statements regarding the problem

Dr. HARRY GOLD There are four major criteria by which we select an oral preparation of digitalis One is that the material should be of high potency The more potent the material, the less glycoside needs to be administered, and since all the digitalis glycosides irritate the stomach, the less of it there is in the stomach the less the likelihood of local gastrointestinal distur-The first, then, is high potency Second, the potency should be uniform That does not require any further discussion than to point out that the intravenous animal methods of assay do not provide adequate uniformity of materials used orally in man The cat method fails to distinguish between absorbable and nonabsorbable glycosides because the method involves their being tested by intravenous injection The third is that the digitalis preparation should be rapidly and preferably completely absorbed from the gastrointestinal tract The fourth is fairly persistent action

On the basis of these criteria we have taken the position that digitoxin, or digitaline nativelle, is the material of choice at the present time for routine use The average digitalizing dose by oral administration is very small, smaller than in the case of any other glycoside or digitalis preparation in use at the present time. It is so small that there is rarely, if ever, enough glycoside in the gastrointestinal tract to cause nausea or vomiting by local irritation. It is practically completely absorbed from the gastrointestinal The doses by mouth and by vein are the There may be a slight difference, but if there is, it is outside of the range of detection in Digitalis leaf and tincture are different with respect to this point. In the case of digitalis the absorption is only about 20 per cent of the dose that is given. It requires about five times as much by mouth as by vein to produce equal In the case of lanatosid-C or cedilanid effects the absorption is only about 10 per cent of the dose, it takes about ten times as much by mouth as by vein to produce equal effects The duration of action of digitorin is essentially that of digi-We determined the persistence of talis itself action of digitalis and of digitorin in the same patients, and obtained two curves which are practically indistinguishable

With this material we have developed a method for digitalization in which we give an average full digitalizing dose at one time to induce the digitalis effects in an individual who has had no digitalis recently The dose is 12 mg of digitown or digitaline nativelle This is followed by a 02 mg tablet every day for maintenance the average individual, the 12-mg dose serves to digitalize and the 02 mg daily serves to maintain the effects There are a few in whom somewhat less than 02 mg is necessary for maintenance, so that after a time the dose has to be reduced to 01 mg daily There are a few also m whom the dose has to be increased Instead of 12 mg, it may be necessary to give as much as 2 mg to produce the full effects When we need to do that, what we do is to give 12 mg at one time and at the end of between four and six hours give another fraction, maybe 0 4 mg, or a smaller, or perhaps even a larger, fraction depending upon the circumstances These statements are fairly dogmatic and categorio, but perhaps I should leave my remarks at this point

DB. CATTELL I hope all of you will get a chance to hring up questions in relation to the problem which Dr Gold has just presented Would anyone who has had experience with digitoxin or other glycosides take exception to anything that has been said? We like particularly in these discussions to bring out divergence of opinion. Have you any comment, Dr Levy?

DR LEVY I would like to stress the variability in dosage and particularly in the mulntonance dosage. We have seen patients with auricular fibrillation who could be maintained at the proper rate, and by "proper rate" I mean one that does not rise above 80 under ordinary exertion, with as little as 0 1 mg overy second day. There are others who take 0 1 mg every day or 0.2 every other day. There are those, as Dr. Gold indicated, who require 0.2 mg. dady, which is perhaps the usual maintenance dose.

What I am about to say does not relate to anything Dr Gold monttoned We have made no formal study of digitoxin Our observations are based nurely on clinical experience. We have made no formal comparison between digitalis and digitoxin in the same patients, but we have used this drug in several hundred individuals There can be no doubt that a purified preparation which can be administered by weight rather than in terms of hiologic units is preferable for ordinary use So far the cost has been prohibitive as far as general hospital use is concerned. The therapeutic effects in our hands have been quite similar to those observed with digitalis in patients with failure with regular sinus rhythm and in those with auricular fibrillation. The toxic effects have been fewer As has been pointed out, nausea and vomiting are unusual, although we have seen them on occasion. We have seen two patients who complained of spots before the eyes, a digitalis effect with which we are familiar, which ceased when the drug was discontinued We have had no experience with the use of this preparation hy vein

It is my opinion that digitorin is at present the best preparation available for the routine functions of a digitalis glycoside

DR. CATTELL What dose do you start with?
DR. LEVY We have not been in the hahit of using one large digitalizing dose, because for the most part there is no hurry. We usually give 0.3 or 0.4 mg daily over a period of three or four days, and then go on from there necording to indications

DR. HAROLD STEWART I think our experience with desage here has been somewhat at variance with the amounts that Dr Gold has described

Last year we went through the record of all the patients in whom we had used digitalino nativelle here in the Hospital We found that it took from two to three times the 1.2-mg dose to slow down the ventricular rate in paticats with auricular fibrillation to an avorage rate of around 75 or 80 per minute. Only when the ventricular rate was around 100 or 110 per minute did we get adequate slowing to 75 or 80 by the use of 1.2 mg in the twenty-four hours. So the matter of dosage is not established, and certainly, accord ing to our experience, much larger amounts than those mentioned by Dr Gold are necessary In the etatement Dr Levy made about biologic assay. I think he meant to include the fact that no matter how purified the substance used, you still have to work out clinically how much of that particular preparation, glycoside la this instance, is necessary to do the joh, such as slowing down the vontricular rate is suricular fibrillation or whatever other clinical manifestation you wish to choose as your indicator

Choose as your indicator

Dr. Carr Egglestov I want to ask Dr
Stewart what the rate of administration was that
gave him these figures higher than Dr Gold's,
whether he used as a routine a large initial dose,
or whether his average is based upon a mixture of
small continued increments given over a period
of for tv-eight hours or so?

Dr. Stewart They were the amounts given in the first tweaty-four hours compared to the total amount required over the next few days to slow the ventricular rate adequately I think 0.8 mg was given as the first dose, and 1.2 mg was given in the first twenty-four hours As indicated, the veatmeular rate would still be up very high after 1.2 mg. The next day, maybe, we would give them the same amount and continuithem, maybe, three or four days on those amounts before we accomplished satisfactory slowing of the ventricular rate. At other times it was no longer procedure because we did not know exactly when we might run into texts effects.

Dr. CATTELL Dr Gold has given some special thought to the problem of variability in patients, not a wonder if he would say a few words about that and the relation of the variability in response to digitaxin and digitalis leaf

Dn Gold First, I should say that It would not be remarkable if the experience with fractional doses given over twenty-four or more hours differed from experience with the single large dose. Since Dr Stewart did not give 1.2 mg nt one time but spread it out over twenty four hours, his experience and ours are not comparable. Second, one should not be at all surprised it one encounters cases requiring more than the 1.2 mg to digitalize fully.

While the matter of individual variability in

dosage which Dr Stewart and Dr Levy emphasized is very important, we should not lose sight of the meaning and value of the average. The 1.2 mg is approximately the average digitalizing dose. One cannot expect very many people to show precisely the average susceptibility. The question, then, is how many come close enough to make it a useful value.

We have some information about that prepared a distribution curve of digitalis action by oral administration in man The curve shows how variable the human population is in response to oral digitalis, and was prepared from the threshold doses causing a digitalis effect If one takes the mean as that dose which causes the specified effect in 50 per cent of the patients, the curve shows that doses between 25 per cent below and above the mean will include 70 per cent of the population Such variation in dosage could barely be detected in clinical digitalization spite of the fact that patients vary in susceptibility, the curve indicates that the average dose of 12 mg of digitoxin or digitaline nativelle given at one time should do an excellent job in about three fourths of the cases Obviously, the remaining fourth will do well with less or will require more

DR CATTELL Upon how many cases is this curve based?

DR GOLD It is based on 833 single doses in 84 patients

DR EGGLESTON What were the criteria for judging the effects in these patients?

DR GOLD We took for the curve the smallest dose which caused a change in the T-wave of the electrocardiogram when examined by the blind test as in the method of the human assay of digitalis

DR EGGLESTON Patients were not necessarily in cardiac failure when digitalis was given?

Dr Gold No, many of them were not would like to stress the fact that the single-dose method has a real advantage One of the strong points about digitovin, or digitaline nativelle, is that it is the only material which we know at present which we can give in an average full does at one time without encountering trouble have now approximately 1,000 single-dose digitalizations with 12 mg Local gastrointestinal irritation or toxic effects are negligible The safety of this procedure is now beyond question method has the advantage of contracting the period of digitalization from the usual twentyfour, thirty-six, or forty-eight hours down to a period of six to ten hours

DR LEVY May I say, Dr Gold, that one of the reasons we have not used the single-dose method as the routine is that so often one is not sure whether the patient is taking digitalis, and if he

has, how much he has had I don't mean to say that we have not used that method, but as a general rule we prefer the more gradual method for the reason given

DR Gold That is certainly an important reason. If one does not know, one should have to use the divided dose method. But if the patient has taken digitalis, and you know how much, there is a simple calculation for shifting to digitation. Decide how much digitalis he needs in grams and give him digitation, or digitaline nativelle, the same number in milligrams. If, for example, the patient is taking 0.1 Gm of digitalis daily, a daily dose of 0.1 mg of digitation, or digitaline nativelle, will take its place. A dose of 1 Gm of digitalis has the effect of 1 mg of digitation, or digitaline nativelle. On this basis the shift from one to the other is very simple.

DR STEWART Could we go back to that chart a moment? Does that have anything at all to do with the clinical use of digitalis? The chart is based on the T-wave changes, and the T-wave changes cannot be used as evidence of the therapeutic quantitative effect in taking care of, we will say, any individual patient, so the chart really does not have any bearing on the clinical dosage of digitalis

DR GOLD I am afraid I failed to make my point clear The distribution curve in question, based on a fair sample of patients, merely shows how variable the human population is in the response to oral digitalis. It shows that the most susceptible requires about one third as much as the most tolerant, and that about 70 per cent of them are affected by ±25 per cent of the average dose. That description of the human population susceptibility was made in terms of the effect of digitalis on the T-wave. The whole thing is a standard procedure for describing the characteristics of a population

DR STEWART I still think this chart and this part of the discussion have no bearing on the matter we started to discuss

DR GOLD On the contrary, it has a direct bearing on the discussion. We started out to discuss the average single dose of digitorin. You implied that an average single dose at one time could not be used because individual susceptibilities vary too much. Our distribution curve shows that they are not so variable as you make them out to be and that the average dose given at one time may be expected to do an excellent job in 70 per cent of unselected cases.

DR CATTELL Isn't it a fact that the relationship you observed using the T-wave also applies to the heart rate changes in auricular fibrillation?

DR GOLD I am glad you brought that up In the assay of digitalis, we have found that if two preparations show a certain relative potency

when compared by the T-wave method, they give the same answer when tested in patients with auricular fibrillation in terms of slowing of the vontneular rate. We have a chart here of 40 patients with auricular fibrillation. They were maintained with a daily dose of 0.2 Gm of New York Heart Association digitalis for several weeks in one period, and with 0.2 mg of digitaxin, or digitaline nativelle, in another period. The human assay, using the T-wave, hy which the drugs were compared showed a potency ratio of 1.000

This is now confirmed by this group of fibrillators. With the dose of digitoxin 73 per cent of the patients maintained an average rate between 60 and 90. With 1,000 times as much digitalis 70 per cent of this group of patients

maintained the same rate I should call your attention particularly to the fact that an average single daily maintenance dose of 0.2 mg of digitorin did a very good therapeutic job in 73 per cent of a group of fibrillators Also, there is the fact that there was no poisoning in even the most sensitive members of the group You will recall from the length; discussion of our distribution curve in which the T-wave mothod was used, that about 70 per cent of the population may be expected to secure very satisfactory digitalization from an average dose of digitoxin given at one time, and a dose = 50 per cent of the average is not likely to produce serious under- or overdintalization Patients therefore, are not so variable that an average dose at one time cannot be used with advantage, whether it be for maintenance or for initial digitalization.

Dn. C H Wheeler Dr Gold, it seems to me that some of the difference in views here may be resolved by difference in the enteria used for satisfactory digitalis effects. Our experience in the New York Hospital has been that the average effective dose of the Now York Heart Association digitalis is 1.8 Gm, in other words, on the average you have to give that amount to obtain the effect which we consider the optimal action of digitalis. You would say that 1.2 Gm of digitalis for the average should give a reasonably equivalent effect.

DR. CATTELL I think that by Dr Stewart's method of administration of divided doses, Dr Gold's figure would come much nearer the 1.8 Gm

DR. WALTER MODELL If the 0.2 mg daily maintenance dose is started the morning after the initial digitalizing dose of 1.2 mg, the total amount of digitalin nativelle, or digitation, turns out to be 1.4 to 1.0 mg in the first twenty-four to forty-eight hours

Dr. Stewart I mean we use the slowing of the ventricular rate in auricular fibrillation as a guide We don't think we have achieved a good effect unless we get a good slowing and a ventricular rate to around 70 or 80 per minute.

Dn. Gold Do I understand correctly, then, that if you were giving digitaxin you would give closer to 2 mg for the average person?

DR. STEWART I think that would be the amount that would more nearly do what we

wanted it to do
Dn. Gold I take it, then, that your previous
statement that in the New York Hospital it took
from two to three times our 1.2-mg dose to slow
the fibrillator adequately applied to some special
cases, not your usual ones, for this would make
the dose from 24 to 36 mg I should mention
that in one of our papers we stated that of 98
ratients who received 2 mg at one time. 21 per

cent vomited in an average of aix hours

No I don't think there is so much difference in the criteria for digitalization which the two groups use. The differences lie elsewhere. Your experience covers a relatively small number of patients and ours very large numbers. Yours are ward patients. Ours are both ward and ambulant clinic patients. The "average" has to include the numbulant fibrillator with moderate signs of failure. The more advanced cases are the ones that you get in the ward. I should expect that on the wards the average does would turn out to be somewhat higher. I also believe that an important difference hes in the method of administration. You give fractions over twenty-four hours or more and we give the angle dose.

Did I understand you to say, Dr Wheeler, that 1.8 Gm of digitalis is your average dose, or is that the dose which fully digitalizes everybody?

Dr. WHEELER After the preparation has been standardized on a large group of fibrillators, it has been observed during many years on the medical service in the New York Hospital that 1.8 Gm of digitalis in twenty four hours was on the average effective and not toxic

Dr. Gold It is rare for you to need more than that, isn't lt?

DR WHEELER I think that is true

Dr. Stewart That would include all patients, ambulatory or not We used the same amount

DR Gold And 1.8 Gm did the job in practically all of them?

Dn Stewart Yes, patients very sick or not very sick

Dr. Gold Then you are not really using the average dose but the maximum dose, for it is self-evident that only the maximum dose could produce the full effect in everybody

DR STEWART It depends upon what you decide upon for your criteria of the effect you want to achieve With a dose of 1.8 Gm nausea

and vomiting are unusual In my experience this amount will slow the ventricular rate in most patients with auricular fibrillation accompanied by rapid ventricular rate irrespective of whether heart failure is or is not present

DR Gold I find it difficult to understand the fact that in the early part of this conference individual differences in susceptibility were stressed and the need for determining the dose in every case, and now Dr Stewart states that almost everybody needs the same dose

Also, we have got to come to terms with the meaning of the words "average dose". The average dose does not produce the effect in every patient, any more than an average-size hat fits every head. It is a matter of definition. Our distribution curve demonstrated this fact.

DR STEWART It may be so for the T-waves, but I am speaking of slowing the ventricular rate

DR GOLD It involves a fundamental law of biology The method of measuring, whether by T-waves or heart rate, has nothing to do with it The average dose simply is not something that will produce the same effect in everybody

DR LEVY It seems to me that what you are interested in is really the range of doses necessary for the digitalis effect rather than the range of effects for a given dose as you have in your curve I am not attempting to disagree with you, but it does seem to me more important to stress the range of doses than the average, which after all in any individual case is relatively unimportant except as a guide

DR Gold In a sense, that is precisely what we have shown We stated the average dose, this is always the starting point. We have shown that three fourths of the patients will do well with that, and that in the remaining ones it will be necessary to decrease it or increase it by as much as 50 per cent.

DR HAROLD PARDEE I think there is one other aspect to this which is important. You indicated that in 2.8 per cent of your patients there were minor toxic effects after a single 1.2-ing dose. Do you know in what percentage of that group there were therapeutic effects?

DR Gold As to the toxic effects, about 1 per cent showed vomiting. We have never made a distribution or a scatter curve of the therapeutic effects of the 12 mg given at one time. We have made the scatter curve with the maintenance dose of 02 mg, which we have just discussed. The answer there, as you may recall, is that if you give 02 mg, daily for maintenance, three quarters of the cases of auricular fibrillation are maintained at a rate level which varies between 65 to 90. We have not done this yet with the single-dose digitalization.

DR PARDEE It seems very important to do

that because Dr Stewart has found that he must use a larger dose than you have suggested, and the difference in the time of administration according to his account is relatively small. You give it in one dose whereas he spreads it out over the day. It seems to me that if your dose gives only 28 per cent tooic effects, it must be smaller than the average

DR GOLD While we have not determined precisely what proportion of patients are fully digitalized by the 1 2-mg dose given at one time, we do have some information about that dose, since it produces an effect equal to that of 12 Gm of digitalis Dr Modell has assembled some of the observations in the literature

DR MODELL I have here some notes might start with the paper by Dr Cary Eggleston in 1915, in which he found that the average digitalizing dose of digitalis given orally to man in divided doses in the form of the tincture or infusion is 0 146 cat unit per pound of body weight There is the paper by Dr Harold Pardee in 1919 in which he stated that the average amount of tincture he required to produce full therapeutic or early toxic effects were in full agreement with Eggleston's figure Then there is the paper by Dr Canby Robinson in 1920 in which he used from about 15 to 25 cc of the tincture in a single dose, with a fairly high incidence of toxic effects There is a report by the Council on Pharmacy and Chemistry in 1924, signed by Drs Robinson, White, Eggleston, and Hatcher, in which the total average oral dose of fairly active standardized digitalis for inducing full therapeutic effects in an adult who has not received digitalis within ten days was given as about 15 Gm of leaf administered in divided doses over thirty-six to forty-eight hours There is also a paper by Hermann in 1944 in which he quoted Stroud as suggesting that the maximum dosage of digitalis leaf to patients who had had none previously should be fixed at 12 Gm in divided doses

DR GOLD Here we are with a batch of figures on digitalis all the way from 1 2 Gm to 1 8 Gm as the full digitalizing doses. There are undoubtedly several factors which account for the differences, such as differences in potency of the drug, differences in criteria for full effects, and differences in the schedules of administration. It seems to me that 1 2 Gm comes nearer to the average requirement for the single dose than 1 8 Gm, especially since these experiences are based largely on the divided-dose methods.

DR CATTELL There is one point which I think deserves special emphasis, and that is the relationship between digitovin and digitalis leaf. In a very large number of assays and in various methods of study it has uniformly appeared that the glycoside is one thousand times as active as

digitalis leaf by oral administration in man. The equivalent of 1.2 Gm of digitalis is 1 2 mg of the glycoside. If a particular patient shows special resistance or susceptibility to one of the materials, you will find him equally so to the other. I think that that stands

Dr Eggleston, you have not said much

Dr. Eggleston No, I have been very much interested It is very rare that during a man'e lifetime he sees a figure of his come out as close to 146, as the average between 1.2 and 1.8 Frankly, I am not only surprised hat a bit over-

wholmed hy that very idea

As n matter of actual fact, I think that these divergencies of opinion are reconcilable lieve that in everything Dr Gold has said he has been perfectly correct, granted the conditions under which he has reached his figures I also think that Dr Stewart is essentially correct, granted the conditions under which he has reached his figures Dr Gold has been looking for a whole lot of things here which we will not discuss individually, but he has been looking for this figure wilch he did not know at that time was 1 2 Gm, and which experience has shown will produce a definite and predetermined change by his criteria of measuring change, namely, alterations in the T-wave or RT segments of the electrocardiogram Dr Gold is using the high powered iens on his microscopo Circumstances force clinicians in general to work with the lowerpowered iens They try as hard as they can to produce desired effects within as short a space of time as is reasonable, and at the same time try to avoid the introduction of serious toxic phenomena We all know, who have had any experience in treating cardiac patients, that once you induce nausca and vomiting of severe degree hy excessive digitalization, you have opened up the likelihood that that patient may become, psychologically at least, resistant to digitalis You know that in the future, in all human probability, it will be necessary to maintain digitalization at a satisfactory level in that patient, so that you run the risk of defeating your own pur-I am very sure that the three clinical cardiologists here who have spoken have had that in their minds when they have been working on dosage of digitalis Dr Gold has looked for the absolute figure, as near as he can approach it, of the average As he has so very well emphasized. the absolute average is going to mean that there will be a considerable spread on either side of that average, a spread which he has included in his 25 per cent below and 25 per cent above the It seems to me, therefore, that average dose these views are reconcilable on the basis that it is a workable average to begin with 1.2 mg of digitoxin or 1.2 Gm of digitalis to start your patient off on the road to adequate digitalization But I know that Dr Goid, as well as the others here, uses sound medical judgment in determining how much more or less digitalis the individual patient is going to require for digitalization as well as for maintenance So I don't think the disharmony is quite as great as at moments during the discussion it may have seemed to overybody

DR WHEELER Dr Eggieston, may I ask you to what proportion of the patients digitalized in the past year have you given a digitalizing dose at

one time?

DR EGGLESTON I did not care to bring that up, because I nm not fully in harmony with the idea that clinically we need to digitalize the average patient with cardine failure with any such degree of rapidity as the administration of an average dose of 1.8 Gm. of digitalis or of 1.2 mg of digitorin, and I have been out of agreement with both Dr Gold and Dr Stewart in that practice I like to introduce 1.8 Gm., or thereabouts of digitalis or the corresponding dose of digitaxin within a period of twelve to twentyfour hours hecause, sure as I may be of the activity of the drug, I am never quite sure of the susceptibility or sensitivity of the individual patient, nor quite sure that he is telling the whole truth when he insists that he has not taken digitalis before I have encountered a number of experiences in which it was possible to prove that the patient was not telling the truth and, because of this, we have produced serious intoxication.

Dr. Wheeler Do you prefer not to answer

my question?

Dn. Eggleston That is the only way I can answer it I don't usually give the single dose

DR WHEELER How often have you done it?
DR EGGLESTON I don't know That would
be pure guesswork I don't often use 1.2 mg as
m mittal dose I suppose my general practice is
to give from 0 4 to 0 6 mg as an initial dose, and
then a second dose of 0 4 mg, and go on from
there until I have gotten approximately 1.2 mg
into the patient within twenty four hours

DR STEWART What have you found as your average digitalizing amount with digitaline nativelle?

Da Eggleston I should say about 1.5 mg on the basis of the patients who have taken it I think that a good many need more than the 1.2 mg, just as you think. On the other hand, I feel that the average maintenance does of 0.2 mg is not infrequently a bit above requirements, and that as Dr Levy pointed out many patients are well maintained with an average maintenance does of 0 1 mg a day

DE CATTELL I would like to point out that this figure of 1.2 mg is based not only on the electrocardiogram but was also arrived at in cases of auricular fibrillation, a very large number of them

This is precisely the case came by the figure 1.2 mg not through theoretic considerations but through the laborious method of trial in patients with auricular fibrillation and Early experiences showed that heart failure 1 mg or less was not sufficiently effective, and that a single dose of 2 mg gave too high an incidence of minor toxic reactions (21 per cent The proper dose obviously lay bevomiting) tween these points An extensive trial of a single close of 12 mg, now over 1,000 cases, gave an incidence of vomiting of about 1 per cent From the standpoint of toxicity, we regarded this as satisfactory I doubt very much that any system of digitalization with the leaf, tincture, or purified materials in the hands of the average physician gives as good a toxicity record as that We found that the incidence of satisfactory therapeutic digitalizations by this dose was very high can get some idea of what you may expect therapeutically from this dose by considering the fact that the 12 mg is equal in effect to 12 Gm of digitalis

The total experience with this and with digitalis indicates that the 12 mg is fairly close to the true "average dose" in the distribution curve of human sensitivity I doubt that the point can be fixed in man with much greater precision. We have some experience now indicating that it may be possible to use 1 5 mg at one time, giving the therapeutic advantages of this larger dose without materially increasing the incidence of toxicity This needs more study But the general practitioner need have no hesitation in using the 12 mg dose at one time for routine digitalization He cannot give the equivalent 12 Gm of digitalis at one time because the local gastrointestinal irritation will cause nausea or vomiting in from 10 to 20 per cent of the cases

DR CATTELL The fact that the 2-mg dose caused no serious poisoning indicates that even a partially digitalized patient would not be in danger from the single dose of 12 mg

DR GOLD That is correct

DR Modell The greater cost of digitalization with digitaline nativelle or digitorin is often brought up I thought you might be interested to know the extent of this difference I have

data on what it would cost the patient if he brought his prescription into one of two reputable pharmacies in this vicinity, and what it costs two hospitals in this city which purchase both drugs in large amounts The figures I have are based on the cost of the 0.2-mg tablet of digitaline nativelle and of the commonly available 01-Gm tablet of digitalis leaf In these cases the patient pays 24 cents for digitalization with 1.2 mg of the glycoside and 14 cents for digitalization with 12 Gm of digitalis leaf For maintenance, it costs the patient \$1 10 for 50 daily doses of 0.2 Gm of leaf (2 tablets of 0 1 Gm) and \$2 00 for 50 daily doses of 0 2 mg of the glycoside The hospital, of course, pays considerably less for drugs, here digitalization with the leaf costs about 4 cents and with digitaline nativelle 8 cents, and maintenance costs about 25 cents for 50 doses of leaf and 65 cents for a similar number of doses of the glycoside

## Summary

Dr Gold At the outset of this conference, the statements were made that digitaline nativelle or digitovin is at present the material of choice for routine digitalization, that the preferred method of administration is to give 1 2 mg at one time followed by a daily maintenance dose of 0 1 to 0 2 mg, and that this method shortens the period of digitalization from the usual twentyfour to forty-eight hours for digitalis down to six to ten hours The issues involved were thoroughly explored with the participation of several While there were outstanding cardiologists several fundamental points of accordance, the discussion brought out sufficient disagreement to suggest that the reader might do well to analyze the evidence and arrive at his own conclusion The discussions covered such matters as the relative ments of digitalis leaf and digitovin, problems of absorption, local gastrointestinal irritation, the single-dose method, the application of the human method of digitalis assay by the electrocardiogram to the therapeutic potency of digitalis in auricular fibrillation, criteria for digitalization, incidence of toxicity, the meaning of the "average dose," the range of variation in the sensitivity of humans to the action of the digitalis group, and the problem of comparative costs

## CHEST PHYSICIANS FELLOWSHIP EXAM

The Board of Examiners of the American College of Chest Physicians held a written examination for fellowship at Chicago on June 16

## TUBERCULOSIS PREVENTIVE

We must always remember that good health is itself one of the best preventives of tuberculosis.—

Fred H Heise, MD, NTA Bull., Jan, 1945

## SLOW-GROWING HYPOPHYSEAL TUMOR ASSOCIATED WITH HYPOTHYROIDISM—A CASE REPORT

HARRY SWARTZ, Capt ,(MC), AUS

(From Tilton General Hospital, Fort Dix, New Jersey)

THIS case is recorded because it points the fallacy of considering the endocrine glands as other than specific anatomic units ineffably bound in a single interplaying physiologic system because it rance certain interesting speculations, and because it presents an unusual finding

#### Case Report

J A. I. a 32-year-old soldier, was born in Glasgow, Scotland When the patient was 3 his family physician who had delivered him placed him on thyrold maintaining him on a dose of 1-3 grains daily Ho completed high school at the age of 17 and migrated to the United States Here, conand migrated to the United States Here, continuing his thyroid litake, he held a variety of unskilled and semiskilled jobs, supporting himself quite satisfactorily. In April 1942, he was inducted into the Army and shortly thereafter was sent to England. He functioned well in the service until December of that year, when he was hospitalized with bronchopneumonia. During this hospitalization he falled to take the thyroid. No ill effect was noted from this omission except a slight weight gain after which he was again placed on maintenance dose of thyroid, on which he remained throughout an inneventful hospital stay and for several months thereafter. several months thereafter

In April of 1943 his supply of thyroid gave out and he made no attempt to replenish it. Gradually and he made no attempt to repusion at the characteristic began to notice increasing weakness, anoraxia, weight gain, occasional substernal oppression, and record eleving down of all his activities. The seneral slowing down of all his activities. The latter became so marked eventually that his fellow soldiers began calling him 'Speed' In addition, he began to experience occasional 'staggering spells which came on after walking a mile or farther Several times he was picked up by military police for intoxication More than once, he found he could propel himself no longer and was compelled to lean against a tree for support or fall to the ground. A mild form of hariness before the eyes appeared on occasion. Finally, he sought medical and and was hospitalized in August, 1943

Physical examination during this hospitalization rhysical examination during this hospitalization revealed pulliness of the face, a pulse of 60, and blood pressure, 100/80 His beight was 65 inches and weight, 180 pounds. No gross abnormalities were noted. The basal metabolism rate was -40 per cent and -37 per cent. Blood cholesterol was 248 mg per cent. Total protein was 8.1, with nor mal alnumin-globulin ratio The hiood pleture showed a perisstent secondary anemia with a count of 34 million red blood cells and hemoglobin 60 per cent. Serology and urnnalwis ware neartine of 34 million rod filood cells and hemoglobin of per cent. Serology and urnalysis were negative Intake and output were normal. Electrocardiogram showed normal rhythm, rate 60, conduction normal with a PR interval of 0.2 seconds, T<sub>2</sub> low low voltage QR-S complexes, La normal slight axis deviation. Fluoroscopy revealed normal lungs and diaphragm, he had a slow, regularly beating beart with low samplitude. with low amplitude.

A diagnosis of myxedema was made and he was placed on thyroid, 3 grains daily After six weeks

there was subjective improvement but the hasai rate remained the same. He was evacuated to the Zone of the Interior and arrived at this hospital on

September 19, 1943.

Physical examination here revealed a pallid white man appearing ten years younger than his age, with a general puffiness about the face and a paucity of facial expression. Head hair was abundant, dry, and somewhat brittle. Trunk and limbs were hairless except for n scant amount in the axillae and the public trigone. The skin was of normal turgidity with no evidence of coarseniog Perspiration was absent except in the axillae and palms. The pelvis was wide with a mild girdling of lat. The buttocks were of the feminine contour. Penis and testes were of normal size The thyroid was not palpable. The tongue was normal but the speech was thick and slow with a suggestion of the speech was thick and slow with a suggestion of the propulsive. The anteroposterior diameter of the skull was exag gerated. Pupillary referes were normal. There was a functional murmur in the pulmonic area. Blood pressure was 120/80, and pulse, 80

With these suggestive findings, the patient was questioned more closely. He had begun to chave at age 20 and had continued to do so about once a careful. He had regard and inclined

week. He had never had intercourse but claimed normal erections and occamonal nocturnal emis-sions. There was no special cold intolerance.

Psychiatric examination revealed no untoward psychopathology Psychometric testing showed an I.Q. of 97 Careful examination of the eyes showed a convergence insufficiency of the ocular muscles and moderate hasiness of the nasal margins of both optic disks, more marked on the right, with no evi dence of edema or hemorrhage. Visual field studies revealed a slight constriction in the right temporal

Electrocardiogram and electroencephalogram were entirely normal. The basal metabolism rate was 12 per cent. The blood chemistry was normal, with slight elevation of the chlorides (600 mg per cent) Glucose tolerance test showed a flattened curve (80-105-70-81-74) with no urinary spill. The blood picture continued to show a mild second-

ary anemia with normal white count and differential.

X-rays of hands and feet were normal X-ray of the skull showed a thinning of the frontal and parietal bones, marked onlargement of the sella with an anteroposterior diameter of 28 mm. and a depth of 18 mm The floor of the sella was a deput of 10 min and so that they tended toward a vertical position anterior clinoids were normal (Fig. 1)

Unfortunately, facilities for hormonal studies were not available The patient was observed for several weeks and was eventually soparated from the service relatively asymptomatic. Because of the service relatively asymptomatic. Decause of the extensive bony destruction and the large size of the tumor mass it was felt that surgery was con traindicated. Since the literature reports deep x-ray radiation of little, if any value this therapy was not attempted in the service. He was advised

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Fig 1

to report to the Veterans Facility nearest his home for prolonged observation and x-ray therapy at the discretion of the officer in charge — As far as is known at this writing, he is still about in civilian activity

#### Discussion

Because this case stirred interest, an unsuccessful attempt was made to communicate with his family physician in Glasgow. It was felt that a detailed description of the infant and childhood years would be illuminating. As far as could be determined from the patient, a skull film had never before been taken.

The well-known relationship between the thyroid and pituitary gland raises the question as to the original site of the malfunction. Was the tumor the end result of excessive secretion of thyrotropic hormone in response to an afunctioning or hypofunctioning thyroid? Or was the tumor the result of strictly intrahypophyseal influences eventuating (by mechanical pressure) the inactivation of the thyrotropic secretory cells and thus secondarily producing hypothyroidism? Or was this tumor, perhaps, entirely coincidental in an individual with juvenile hypothyroidism?

The latter possibility cannot be ruled out, of course The only fact that militates against it is the

definite and specific relationship that exists between thyroid and pituitary Conversely, however, pituitary tumor is a rare concomitant of cretinism or hypothyroidism

There is objective evidence, however, that the tumor probably developed after the onset of thyroid malfunction in that the latter deficiency was discovered in early childhood and the patient in maturity presented normal genitals and a skelcton normal in size and development. Only the secondary sex characteristics were affected, i.e., female birsutism, suggestive female adiposity and possibly a decreased potency. Furthermore, the premise that the tumor or pituitary malfunction was primary and the thyroid deficiency secondary would predicate the functional disturbance of a single and specific type of secretory cell, namely, the thyrotropic. This seems unlikely

With the objective evidence presented, the time of onset of this tumor can be speculated upon Since the tumor is of large size and the bony destruction in the sella and sphenoid sinus great, and withal there were no symptoms of increased intracranial pressure or of impingement on surrounding structure, it is safe to say that this tumor is of very slow growth. Since the genitals and skeleton are fully developed, it would seem that it originated some time after puberty and after epiphyseal closures. It is therefore within reason to state that this growth is ten to fifteen years old.

It is also of interest to note that despite the unusually large size of this mass, the only evidence of chiasmal injury is a slight notching of the right temporal visual field. Noteworthy is the fact that this patient escaped an x-ray of the skull over the course of so many years and that the obvious signs pointing to some operative factor other than thyroid deficiency were either overlooked or assigned to thyroid deficiency.

#### Summary

A case of slow-growing pituitary tumor associated with hypothyroidism is presented. The tumor is unusually large. Its relationship to thyroid deficiency is discussed. The importance of considering the endocrine glands as anatomic units of a single interplaying physiologic system is pointed out.

# POST-TRAUMATIC PNEUMOCOCCAL (TYPE III) MENINGITIS RECOVERY WITH SULFADIAZINE AND SULFAPYRIDINE

S A Vogel, Lt Col, (MC), AUS, E H Mateer, Capt, (MC), AUS, and J Hunter, Capt, (MC), AUS

(From the 10th Station Hospital)

PRIOR to the introduction of sulfonamides the mortality from pneumococcal meningitis was practically 100 per cent Ruegsegger's analysis of 630 cases of pneumococcal meningitis at the Cincinnati General Hospital showed no recoveries before

1937 With the introduction of sulfapyridine the number of reported recoveries has steadily increased until now the estimated mortality ranges from 60 to 80 per cent. The greatest mortality occurs in the very young and those over 40 years of age. Serum

TABLE !

nuste -Vig.	Spinal Micelianegus	Point find chlorides 648.5 mg. 76	8 3 Blood culture taken Vega	3.5 Have atter ten dava	translumon with any ee of	3 4 Transfusion with 500 cc. of	stored blood on Viny 15		
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	RBC and Hb per ramit	3 1		3è.	3 18	80.75 50.75	5 75 75 88 75 88	3.75 Hb 20	11b. 107
Pagin I	WBC and Polymor physiciene 21 150	\$3 <b>- d</b>	12 800	10 100	13 250	13,300 p = 69%	12,100 P = 73%	5 00 00 00 00 00 00 00 00 00 00 00 00 00	3
	Sugar	Diminished	Slightly diminished	Sughtly diminished	Vormal	Vorzal			
	Culture	Positive for pacu- mococel type III							
SPIRAL FLUID	Smear	Occasional pneumo- cocci typa III Many pneumococci type III		**************************************	* 45° 4°	dours			
	Presente Cells Mm. of HrO -Cu. Mm.	WBC 1,600 RBC 2 500	WBC 1,720	WBC 450 polymorphomedours—38%	WBC 90 polymorphoenelosm—55%	polymorphometers			
	Presents Mm. of HrO	Over 000 400	200	E E	12.5 poly	85	i		
	Appearance	Turbid blood United Turbid blood tinged	Turbld	Blight turbid	Clear alightly x a n t h o-	i i			
DATE	Vay 5	May 6 May 6 May 6 2:00 A.M	May 3	May 10 May 11			May 17 May 21	May 31 June 11	

in conjunction with sulfonamides has been used frequently, particularly in the types III and V pneumococcal infections <sup>2</sup> Finland <sup>3</sup> has stated that recoveries from pneumococcal meningitis were as frequent using sulfonamides alone as when combined with serum, and added it was reasonable to suppose that serum saved a large proportion of patients who were doing poorly on chemotherapy alone

The following case belongs to that group developing meningitis secondary to head trauma. Admittedly, the prognosis here is better than in those cases occurring secondary to pneumonia. Although this soldier had a type III pneumococcal meningitis it was felt justifiable to give chemotherapy a twenty-four-hour trial before resorting to the use of serum

#### Case Report

On May 4, 1943, at 1 30 a.m. a soldier, age 24, was admitted to the Surgical Service with multiple injuries sustained in a serious motor vehicle accident He was irrational and restless and had an extensive laceration of the right brow extending across the nose and down into the right eyelid. The nasal nose and down into the right eyelid bones were fractured but no break into the cranial There was no vault was demonstrated by x-ray leak of eerebrospinal fluid from the nose Blood and spinal fluid were escaping from the left car, suggesting a fracture through the petrous bone into the middle fossa All eye signs were normal was a simple fracture with over-riding at the junetion of the lower and middle third of the right femur The temperature and blood pressure were within normal limits and there was no evidence of serious shock. The laceration was sutured and the femur placed in suitable traction.

During the next thirty hours the patient's general eondition improved. He became quiet and rational with a pulse rate of 92, blood pressure of 128/68, respiratory rate of 24, and a temperature of 100 F. The only disturbing sign was persistent cyanosis for which there was no apparent explanation. No lung pathology was demonstrated either by physical examination or by x-ray. The circulatory system appeared to be functioning normally and no medication capable of causing cyanosis had as yet been

given.

On May 5, 1943, the systolic blood pressure began to rise, with a slight fall in the pulse rate, and the temperature rose to 101 2 F Sulfadiazine, 1 Gm every four hours by mouth, was started Throughout the day the systolic blood pressure, temperature, and respiratory rate continued to rise, the pulse rate remained in the nineties and the diastolic blood pressure fell steadily After thirteen hours the temperature had reached 104 4 F and the blood pressure was 170/50 The pulse rate was 88 and the respiratory rate 46 He was again irrational and restless and although there had been no vomiting he had voided once involuntarily At this time there was some nuchal rigidity, slightly hyperactive reflexes, and a marked carpal spasm.

On May 6, 1943, although detrimental to the immobilization of the fractured femur, a lumbar puncture was necessary for diagnostic as well as for therapeutic purposes. This lumbar puncture was done under intravenous pentothal anesthesia, as were all the others on this case. Memngitis and cerebral contusion with or without intracramal hemorrhage were suspected. The cerebrospinal fluid was turbid and blood-tinged and the pressure was over 600 mm of water. Eighty cc of spinal fluid was withdrawn and the pressure lowered to 200

Examination of the ccrebrospinal fluid showed a white blood count of 1,500 and a red blood count of 2,500 There was diminished sugar Gram-positive diplococci, which later proved to be pneumococci, type III, were found in the smear At this time 5 Gm of sodium sulfadiazine in 100 cc. of water was givon intravenously A lumbar puncture again showed a cloudy, blood-tinged fluid under 400 mm pressure Twenty-five cc was removed, 400 mm pressure which lowered the pressure to 200 mm. Culture of this fluid was positive for pneumococci, type III The blood sulfadiazine lovel was 12 5 mg per cent The physical signs had not changed The carpal The physical signs had not changed The carpal spasm was believed to be due to hyperventilation, as the respirations had been averaging about forty per minute for the previous twelve hours 10 cc of 10 per cent calcium gluconate was given intravenously in order to relieve this carpal spasm Another 5 Gm of sulfadiazine was given intravenously at 11 30 A M Because of thoreported success with sulfapyridine in similar cases, a change to this drug was made at 4 00 PM, 1 Gm was given every sıx hours by mouth

During the next twenty-four hours marked improvement took place. His temperature fell to 1002 F and the blood pressure to 130/70. The pulse rate was 92 and the respiratory rate 24. He was rational, cooperative, and toward the later part of the day was enjoying a cigarette and asking for food. The blood sulfonamide level had dropped to 59 mg per cent, so, in order to raise this level, 5 Gm. of sodium sulfapyridine was given intravenously in two divided doses during the day, and the oral deage schedule was changed to 1 Gm, every four hours.

On May 8, 1943, four days after admission, the spinal-fluid pressure was only 290 mm. The white blood count was 1,720, and the red blood count, 3,350, the sugar was only slightly diminished. Blood and spinal-fluid sulfonamide levels were 81 mg and 83 mg per cent, respectively Apparently the sulfonamide was being concentrated in the spinal The eyanosis that had been presfluid at this time ent since admission had increased slightly, although the heart and lungs still showed no abnormal signs on physical examination On May 9 the patient again became restless and uncooperative temperature remained between 100 F and 101 F By May 10 the and the cyanosis had deepened spinal fluid was much clearer and only 650 cells per The blood and spinal-flud cu mm. were present sulfonamide levels had dropped to 54 mg. and 35 mg per cent, respectively Again the dosage of sulfapyridine was increased to 8 Gm a day (1 Gm. every three hours) The next day there was marked improvement There was less cyanosis, the temperature fell below 100 F, the pulse rate ranged around 80, and the blood pressure was in the neighborhood of 120/70. The patient was again rational and cooperative, with only slight nuchal nigidity. It was evident that a lower blood sulfon amide lovel was adequate and the sulfapyridine dos-Because his hemoage was dropped to 6 Gm a day globin had fallen from 85 per cent to 72 per cent, he was given a transfusion of 500 cc of whole stored Both spinal-fluid specimens taken on May 12 and May 14 were clear, with cell counts of 90 and 6, respectively A slight xanthochromia was noted on the specimen of May 12 A blood sulfonamide level of 11 mg per cent was present on May 13 and the sulfapyridine dosage was further reduced to On May 20 it was again lowered to 2 3 Gm a day Gm daily and finally discontinued on May 24 second whole-blood transfusion of 500 cc was given on May 15 No elevation of temperature over 99 F

occurred after May 17 General improvement continued and by May 24, twenty days after admission, be was considered to have recovered from the active pneumococcal infection of the meninges. During this illness his fluid hake ranced between 2,000 and 3,000 cc daily and the urnary output remained above 1,500 cc. A slight discharge from the left ear continued until about June 15 Three months later there was no ordenee of meningeal irritation or other sequelae. He was sent to a general hospital for the final healing of the fractured femur and for additional plastic repair of the right veglid

The more detailed laboratory etudies are included in Tehle 1 There were no significant urnary abnormalities aside from traces of albumin during the

early febrile etage of the illness.

#### Comment

Intravenous pentothal anesthesia was effective in relieving the patient's discomfort during lumhar punctures although, even with its use, satisfactory immohitisation of the fractured femur could not be maintained. For this reason only six punctures were done over a ten-day period and probably three would have sufficed. The clinical behavior of the patient and the maintenance of a sufficient blood sulfonamide level served as adequate guides to therapy without more numerous spinal fluid examinations.

The change from sulfadiazine to culfapyridine was made because of the more detailed reports of the efficiency of the latter drug in the treatment of pnoumococcal meningitis. The sulfadiazine was used in the early and most critical period of the infection and had it been continued recovery would probably have resulted without the change to sulfapyridine.

#### Summary

 A case of post-traumatic pneumococcal (type III) meningitis with recovery is reported

2. Only 12 Gm of sulfadiazine and 74 Gm, of

sulfapyridino were used.

 Daily lumbar punctures were not done.
 The clinical behavior of the patient and the maintenance of adequate blood sulfonamide levels served as good guides to therapy

We are indebted to the Chief of the Surgical Service Lt. Col. Lee G. Acadall for permitting us to handle the medical side of this case, and to Capt. Robert M. McMillan for his notes and assistance

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1942. Hollander G: Am. J M 8c. 203: 576 (March 12)
1942.
3 Finland Maxwell. J.A M.A. (Dec. 2) 1942.

#### EXOGENOUS MENINGOCOCCIC CONJUNCTIVITIS

JACK R. KAHANER, CAPT, (MC), AUS, Mount Vernon, New York, and William W. LANOU, Maj, (MC), AUS, Pittsfield, Massachusetts

MANY cases of purulent conjunctivitis have been diagnosed and treated as genorrheal ophthalmia because of climical findings and the laboratory report of "gram-negative intracellular and extracellular diplococci" This case report is presented in order to stress the need for complete cultural and scrologic differentiation of the species of Neiszeria which may be responsible for a suppurative conjunctivitis.

#### Case Report

A 9-month-old baby girl was seen in the eye out patient department of Lawson General Hospital Georgia, about 10 00 P.M., May 16, 1944. The history obtained from the mother was that the history obtained from the mother was that the history obtained from the mother years that the stuck together. The child'e past history was completely negative. The futher gave a history of an old genorrheal condition which was completely cured to the best of his knowledge. Examination of the child revealed moderate swelling with slight crythems of the lids. A generous quantity of yellow purulent discharge was present along the lid margins. The conjunctiva was congested. The globe and cornea appeared nainvolved. The laboratory reported that a gram stain of the exudate revealed many gram negative intracellular and extracellular diplocece!

In view of the family history, clinical findings, and laboratory report, a tentative diagnosis of generical opbthalmia was made. The baby was placed under isolation precautions. Treatment was immediately instituted for genorrheal ophthalmia. A Bullar shield was applied to the left eye. Hourly irrusations with bone-acid solution were followed by instillations of 20 per cent argyrol. The surrounding ekin was covered with mertilolate ontment. On Gm. of sulfadiatine (14/s grains per pound of body weight for twenty four hours) was immediately given by mouth to be followed by 1/s Gm. plus 5 grains of sods bicarbonate every six hours. At the end of twenty four hours there was marked improvement. Subsequently, the laboratory reported the offending organism to be Neisseria intracellularia (Meningococcus) Type I The edema had largely disappeared so that the eye was partially opened. Discharge was limited to small amounts adherent to the globe or collected at the inner can thus. The hulbar conjunctiva was slightly chemotic and chowed a coarse congestion. The cornea remained clear

At the end of forty-eight hours the eye appeared normal, notwithstanding the fact that local therapy had been practically discontinued except for occasional borio-acid irrigations. The remaining hospitalisation was unoventful Sulfadianine was discontinued at the end of the fifth day and the patient was discharged to her home.

Nose and throat cultures were taken from the mother and father. The throat culture of the mother was essentially normal but the throat culture of the father revealed the same type of organism, N intra

cellulars, Type I After a course of sulfadiazine treatment subsequent throat cultures of the father were negative. He was considered to be the source of infection and was not allowed to come in contact with the baby during the period of positive throat cultures.

#### Discussion

Meningococcic conjunctivitis as a complication of cerebral meningitis has been described for many years but the incidence has markedly decreased with the advent of chemotherapy However, still more uncommon than endogenous meningococcie conjunctivitis is an exogenous meningococcic conjunctivitis with no general symptoms Reports of the latter are beginning to appear in the literature with greater frequency Thygeson1 reports a case of exogenous meningococcic conjunctivitis which re-Theodore and sponded readily to chemotherapy Notwithstanding Kost<sup>2</sup> added a few more cases their conclusion that it was possible to rule out gonorrhea clinically in some cases and make their diagnosis prior to culture, a diagnosis of conjunctivitis due to N intracellularis must be distinguished from other types of purulent conjunctivitis by bacteriologic methods which should include cultural, biochemical, and serologic procedures

Mangiaracine and Pollen's present other cases of meningococcic conjunctivitis and stress the point that the presence of gram-negative intracellular diplococci in a smear from an exudate of a patient with a suppurative conjunctivitis leads to a diagnosis of gonorrheal ophthalmia

#### Summary

A case of exogenous meningococcic ophthalmia is presented. The apparently increased incidence of this entity probably is due to more accurate diagnosis as a result of complete bacteriologic, biochemical, and serologic identification of the causative organisms. The obvious moral injustice done to the patient and family with a misdiagnosis of gonorrheal ophthalmia may be irreparable.

#### References

1 Thygeson, P Am J Ophthalmol 27 400 (April) 1944
2 Theodore, Frederick H, and Kost, Paul F Arch Ophthalmol 31 245 (1944)
3 Mangaracine, B A., and Pollen, A Arch Ophthalmol 31 284 (1944)

#### PRACTICAL NURSES GET PLACEMENT AID

Practical nurses should cooperate with the United States Employment Service in extension of its registry and placement of such nurses, the committee on recruitment and education of the agency recommended on April 10 Members of the committee reported that the USES placed an average of one hundred nurses a month, a majority of them practical nurses, in industries, institutions, and some private homes

"Chaotic conditions" in nurse placement in the State were reported by a subcommittee. The group said the nurse shortage on the home front and the public demand for a less expensive form of care than that of trained nurses had resulted in wider interest in practical nursing as a vocation as well as wide variations in fees, inadequate counseling, and lucrative and sometimes unscrupulous practices among commercial registries.

On the committee presenting the results of the study, made by Miss Mary C Jarrett, were representatives of the Practical Nurse Recruitment Committee, the New York State Nurses Association, and the New York City office of the USES The chairman was Mrs H Huntington Babcock

The report commented on the "present confusion and abuses" in placements, while recognizing the handicapsand pressures under which placement services were working and the exceptional demands made by households in which routines had been disrupted.

New York City offers an "exceptionally favorable opportunity" for a model demonstration of placement, the report declared, because of the variety of agencies interested in nursing, such as the Academy of Medicine, the Visiting Nurse Service, the Y W C A., the Department of Hospitals, and several voluntary hospitals. It recommended that counseling and placement be done by skilled personnel under general direction of a professional nurse familiar with the field

"Since the establishment of a special unit for placing practical nurses is under consideration by the USES," the report continued, "it would be wise to consider the possibility of a cooperative arrangement."

The employment service has made successful arrangements with cooperating groups in other fields

It would bring to the experiment an immense amount of tested experience and technics, by which the demonstration would be strengthened"

Planned guidance for applicants, the report said, would require that the placement secretary be "imbued with the mental hygiene point of view" Because nurses work largely with chronic and convalescent patients whose conditions include important mental factors, mental hygiene should be in the curriculum of approved nursing schools, according to the report —New York Times, April 11, 1945

## Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL. The members of the committee are Oliver W H Mitchell, M.D., Charman (428 Greenwood Place, Syracuse), George Bach, M.D., and Charles D. Post, M.D.

#### Fall Lectures for Greene County

POSTGRADUATE Instruction for the staff of the Memorial Hospital of Greene County and the Greene County Medical Society will be given in the Full on Tuesday evenings at the Memorial Hospital of Greene County in Catskill.

The first lecture will be given on September 27 at 9 00 r M by Dr Ellery G Allen, associate professor of clinical medicine, and assistant professor of chincal pathology at the Syracuse University College of

Medicine His subject will be "Practical Considere tions of Blood Dysermans."

tions of Blood Dyscramas."

On October 25 at 9 00 r m. Dr Ivan Hekiman will speak on "Practical Application of Hormonal Therapy" Dr Hokimian is assistant professor of medicine and associate in thempeutica at the University of Buffalo, School of Medicine.

This instruction is arranged by the council com-

mittee on public health and education.

Dermatology

THE St Lawrence County Medical Society met on July 12 at 12 15 p.u in the Potsdam Club, Potsdam, to hear a lecture entitled 'Common Discoses of the Skin" illustrated with color photography and given by Dr Leon H Griggs, associate professor of clinical medicine (dermatology and syphilology) at Syracuse University College of Medicine.

This instruction was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York.

#### CAFFEINE AND PEPTIC ULCER

There is no unanimity of opinion on the part of physicians as to the advisability of prohibiting coffee and caffeine-containing beverages for peptic ulcer patients.

Recent studies bowever, have brought out significant facts which indicate very definitely that caffeine is harmful for individuals who have or have

had peptic ulcers.

Judd injected guinea pigs and cats intramuscularly with caffeine contained in becawar and thereby produced gastric ulcers, although no stimulation of gastric section nor ulcer production was observed from caffeine injection or ingestion in dogs with Pavkor stomach pouches.

Paviov stomach pouches.

Roth and Ivy, by means of carefully controlled experiments have shown that caffelne given either orally or intravenously markedly atmulates gastric

secretion in man.

After a period of fasting the stomach was emptled and the secretion of matric julce determined overy ten minutes for a half hour. Them 200 cc. of water with 250 mg. of sodium benzoate and 250 mg. of sodium benzoate and 250 mg. of caffeine were introduced into the stomach, and after thirty minutes the stomach was emptied and the volume and acid concentration determined every ten minutes until the secretary response had subsided and the basal level once again was reached. Similar tests were made with sodium benzoate alone and an ordinary test meal but the response to caffeline was about two and a half that of these controls

1 Roth, J. A., and Ivy A. C.; Am. J. Physiol. 141:1454 (June) 1944. Roth, J. A., Ivy A. C., and Atkinson, A. J.; J. A. M. A. 130: 814 (Nov. 28) 1844. The significant finding was the difference in acid secretion response in different individuals. In about 85 per cent of those given 250 mg. (3<sup>1</sup>/<sub>4</sub> grains) of enficine (the equivalent of two cups of coffee) there was an abrupt rise in the total acid secretion lasting fifty to seventy minutes, 10 per cent showed a less amount of acid secreted with a return to the basal starting point in sixty to ninety minutes about 5 per cent showed a still more prolonged response at a high level. All but one of 36 peptiduleer patients showed a high and prolonged response.

Further tests with coffee itself and beverages containing caffeine in less amount showed that they too, stimulate gastrio secretion. The average response to tea, Postum and coffee with sugar and cream was about 60 per cent Sanka 75 per cent and Coca-Cola 89 per cent that of clear coffee. These drinks, though low in caffeine content, all contain elements other than caffeine content, all contain elements other than caffeine which stimulate stomach secretions.

Inamuch as the acidity of the stomach has much to do with preventing the healing of peptic ulcers and may even be an important causative factor, the conclusion seems warranted that those who have now ho have had peptic ulcers should not drink coffee, tes, or caffeine-containing drinks. It may be that those who know coffee does not "agree" with them are in the group of 5 per cent of individuals whose gastric secretion shows a high and prolonged response to caffeine It may not be assuming too much that in some of these individuals caffein may even contribute in the production of peptic ulcer—Minnesota Med. Jan. 1945

## Medical News

## Recent Amendments to Emergency Maternity and Infant Care Program

TWO recently adopted amendments to the Federal Emergency Maternity and Infant Care Program, New York State plan, dealing with infant care General practitioners can have been announced now be authorized to provide immunization service against diphtheria, smallpox, and whooping cough, "well-baby care," and office sick-infant care, on an annual basis Qualified pediatricians can also be authorized for these same services but at a higher remuneration Special provisions allow for increasing the basic fees if an unusual amount of care is

provided.

Under the terms of the two amendments, the mother will have free choice of utilizing the services of private physicians or of child-licalth conferences and the physicians will still be able to secure separate authorizations for the care of sick infants if treated in the home or hospital. Physicians can obtain complete details of the new procedures from their district health officer

## National Committee for Mental Hygiene Issues Its Thirty-Fifth Annual Report

THE urgent need for communities to provide clinics for psychiatric treatment and rehabilitation of returned veterans is stressed in the thirtyfifth annual report of the National Committee for

Mental Hygiene, distributed recently

Most of the resources of the Committee, used for activities connected with the war for the last few years, are now being directed toward veteran rehabilitation At the end of 1944 more than 1,500,000 men had been rejected for service, and 500,000 vetcrans had been discharged, for psychiatric reasons, revealing a staggering need for the creation of psychiatric facilities for the care of mentally disabled

The current annual report is the first issued during the administration of Eugene Meyer as president of the Committee Mr Meyer, editor and publisher of The Washington Post, and the first layman to head the Committee, succeeded Dr Adolf Meyer, professor emeritus of psychiatry at Johns Hopkins University, who was one of the twelve charter members of the Committee, served three terms as presi-

dent, and is now honorary president
"Mental hygiene is the greatest need of our warracked world," according to the report "The call is not always answered, but in our president (Mr Meyer) we see the type of human being and wise publicist who strengthens our hope for the world's

health "

The report also records the counsel and services of Dr George S Stevenson, medical director of the Committee, in connection with Selective Service and the rehabilitative service for veterans discharged

for neuropsychiatric causes

Through the assistance of the Commonwealth Fund, the Committee's Division on Rehabilitation, of which Dr Thomas A C Rennie is director, made a survey of the psychiatric resources of the country The survey "brought to light two startling facts there are twenty-five states without a single com-munity clinic. There are vast areas in other states where no psychiatric help is available

"Out of the total number of established hospitals and clinics in the entire country only one hundred and thirty-nine certified their preparedness to treat With the best will in the world mental casualties the Veterans Administration and the State Vocational Rehabilitation Bureau cannot provide psychiatric treatment when neither clinics nor psychia-trists are available The majority of mentally disabled men can, fortunately, be restored quite quickly to functional efficiency, provided treatment is readily available One simple rule permeates most psy-

chiatric treatment, the longer a man is sick the more difficult it is to cure him Obviously the shortage of

climes is wasteful, serious, and inhuman
"The number of Veterans Administration neuropsychiatric hospitals is at present limited to thirty. They offer hospitalization to all who need it but there is overcrowding. The most serious deficiency, however, occurs in connection with the outpatient Because many of these hospitals are located near large cities the outpatient treatment which they have to offer is impossible for men who live in the country, and for all those who require psychiatric treatment, but not hospitalization, the facilities are inadequate. This lack of outpatient care is very serious. Both in the interest of the veteran and in the interest of the citizenry at large, psy chiatric care should be available throughout the country, this would necessitate increasing the present number of psychiatrists by at least 10,000 together with the necessary auxiliary staffs"
"To encourage and stimulate the establishment

of the much-needed clinic, community organizations and personnel groups in the towns and cities of twenty-six states have been addressed by Dr. Luther Woodward, field consultant of the Division of chabilitation. The dearth of trained personnel Rehabilitation. handicaps the establishment of new clinics, but under the leadership of Dr Rennie an increasing number of communities are making special provisions for rehabilitation clinics by recruiting psychiatrists and social workers, wherever they can be found, and 'teaming' them for rehabilitation work one or two evenings a week."

The Committee has undertaken a special study of the factors involved in the development of a state plan for complete psychiatric rehabilitation. study is being made in Texas in cooperation with the

Hogg Foundation for Mental Hygiene

In an effort to enlighten the civilian population regarding the needs of returning veterans, the Committee has published two pamphlets designed to give concrete suggestions for members of the veteran's family When He Comes Back and If He Comes

Back Nervous, by Dr Rennie and Dr Woodward "Induction statistics," states the report, "indicate that in the early prime of life, one out of every six or seven men suffers from some form of neuropsychiatric disability of sufficient severity to exclude him from military service" To help meet this challenge, the Division of Child Guidance continues its work of recruiting and training new personnel Community child-guidance clinics have now been organized by the Committee into a formal association "to provide channels for sharing experiences and to take the responsibility for setting and main taining standards."

A section of the report dealing with mental hos-pitals in the United States states that "the mental hospital of today resembles too closely the asylum of yesterday." It warns that "the mental hospital of the future must be planned today" The report nlso describes research on dementia praccox and in the field of psychosomatic medicine.

Because of the strain on madequate facilities for returning veterans, the report says the Committee has redoubled the real with which it has been urging the establishment of a National Neuropsychiatric

Institute

## County News

#### Broome County

Maj Hyman Spcierson, Binghamton physician now serving with the 7th Field Hospital in Germany has been awarded the Bronze Star Medal.

The modal was awarded for "exemplary behavior In the line of duty and for excellence in skill and management."\*

Dr John D'Arecca of Bioghamton, a physician for the Voterans Administration has resigned.

In announcing his resignation, he said it was necessary "because of the increase in volume of work in private practice." The resignation became effective

The physician has been a Veterans Administra tion medical representative on a part-time basis since November, 1037, giving treatment to veterans who have service-connected disabilities.\*

#### Columbia County

Dr Henry Owen Lattle, who formerly spent part of his time in Hudson associated with his brother, Dr Robert H. Lattle, in the practice of eye, ear, and throat diseases, has now taken up permanent residence in Hudson.

After a period in general practice Dr Little studled ophthalmology in England, where he took courses for a year in the Royal London Eye Hospital (Moor field s) He then served as resident house surgeon in the Royal Westminister Eye Hospital London, for eighteen months He obtained the diploma of ophthalmic medicine and surgery granted by the Royal College of Physicians and Royal College of Surgeons.\*

#### Erle County

Dr Daniel V McClure who gave up his private mactice in 1908 to take a temporary job in the health department, retired on May 31 niter thirty-roven years of service to the city Dr McClure, one of Buffalo e outstanding practicing physicians at the turn of the century, has reached the compulsory retirement age of 70

#### Essex County

At the semiannual meeting of the Medical Society of the County of Essex there was a discussion on pre-paid medical insurance The society voted to join other counties in upper New York State in establishing a prepaid voluntary medical service plan.
Dr George Wright, of Trudeau Sanatorium, gave

Such an institution would be part of the United States Public Health Service and for the first time the Federal Government would give its support to the effort to control and prevent mental disorders train mental hygiene personnel, and establish community clinics

Plans for the Committee's 1945 annual meeting are contained in the report. A feature of the meeting will be the presentation of the Albert and Mary Losker Award, given annually through the National Committee for outstanding service in the field of mental hygiene The first award was made in 1944 to Col. William C Meninger for his contribution to the mental health of the men and women of the armed forces

a talk on silicous and its relationship to permanent disability

#### Fulton County

On June 6 at 6 30 r.m the Board of Directors of the Fulton County Tuberculosis and Health Associa tion and a few invited guests, attended a dinner at Hotel Johnstown, honoring Dr J Edward Grant, of Northvillo, who this year has completed a quarter of a century of service as president of the organiza

Great progress has been made in the control of tuberculosis and the methods utilized since the beginning of the movement and the work of the local association under the guiding hand of Dr Grant has kept pace with or in advance of the tuberculosis as-

sociations throughout the state and nation.

The Fulton County Tuberculosis Committee was The Fritton County Audercuces Committee was organized on Pebruary 0, 1919, the outgrowth of two committees functioning in Johnstown and Gloversville since 1911. The late Judge Fred Lanus Carroll was the first president and Dr Grant was vice-president. After holding office a year, Jindge Carroll reduced to the control of signed and Dr Grant has efficiently and devotedly served since 1920 \*

#### Herkimer County

The June meeting of the county society was held on June 12 at 4 P.M., at Pine Crost Sanatorium, Salisbury Dr Herbert Schwartz superintendent, presented a paper on "Newer Methods of Diagnosis and Treatments of Diseases of the Chest," Dinner was served at 6 00 P.M.\*

#### New York County

Dr Thomas H. Halsted gave the introductory ad dress to the summer session class of the School of Education, Now York University, on June 12 The lecture was entitled 'The Education and Adjustment of the Physically Handicapped Children, with special reference to the anatomy physiology and pathology of the ear, and particular emphasis on the means of belping these children. Dr Halsted pointed out the need for the early recognition of the cause of deafness, and for the removal of the causes by the otologist, the wearing of properly fitted hearing alds, and the study of lip reading
At the conclusion of the lecture, Dr Halsted gave

a description of the fenestration operation, with the pros and cons as to the final results of this operation an operation which is having a wide discussion among the victims of otosclerosis, as well as among

<sup>\*</sup> Asteriak indicates that item comes from a local news-

the ear specialists throughout the country and students of sociology

Col Udo J Wile, medical director, US Public Health Service, gave a lecture on July 6 at Mount His subject was "Experience in Sinai Hospital 8,500 Cases of Early and Late Syphilis with Penicillin Alone and in Combination with Arsenic, Bismuth, and Fever "

A doctors' tribute was paid to a great physician and bibliophile in the presentation to Dr Eli Moschcowitz, consulting physician of the Mount Sinai Hospital, of an anniversary volume of scientifications. tifie papers by his colleagues, on June 27 in the The vol-Blumenthal Auditorium of the Hospital ume, a special edition of the Journal of The Mount Since Hospital, was presented in commemoration of Dr Moschcowitz' recent sixty-fifth birthday

The volume was presented by Dr B S Oppenheimer, a former teacher of Dr Moschcowitz and fellow consulting physician to the Hospital contains over 800 pages, representing original articles by seventy-six of Dr Moschcowitz' professional associates, many of whom began their medical careers under his tutelage Speakers at the presentation ceremony, in addition to Dr Oppenheimer, were Dr Solon S Bernstein, Dr Robert T Frank, and George B Bernheim, president of the Hospital

This honor has come to Dr Moschcowitz by virtue of twenty-five years of service as physician and teacher at the Mount Sman Hospital He entered the Hospital as intern, following his graduation from the College of Physicians and Surgeons of Columbia University in 1900 After postgraduate work in Berhn and Vienna, he was appointed pathologist at the Beth Israel Hospital, New York City In 1920, he joined the staff of the medical service of the Mount Sinai Hospital and from that time date his important contributions to clinical medicine

#### Oneida County

Maj Gen. Norman T Kirk, surgeon general of the Army, addressed the medical staffs of Rhoads General Hospital on June 5

General Kirk, making his first visit to Rhoads. said that the Army casualty load is increasing and that the medical department's job will continue "long after the victory over Japan"

In making his inspection of the hospital he spent much of his time talking to patients and discussing their treatment and progress with ward surgeons

High praise for the part that surgery has played in saving the lives of soldiers was expressed by General Kirk. He told what vast studes had been made in perfecting surgical technics in the period between World War I and the present conflict and declared that equally surprising advances have, been made since he first witnessed operations in Africa in April, The general, who has visited most of the ma-1943 jor front lines, told of some of the outstanding work he had seen.

Some 65 per cent of the battle casualties in the European theater were returned to duty in chest cases, he said, has been reduced to one-third of what it was in World War I and, instead of losing 70 per cent of abdominal cases, as in the last war,

the medical department in this war has lost only 20 per cent

## Ontario County

The third quarterly meeting of the Ontano County Medical Society was held at Clifton Springs Sanitarium and Clinic on July 10 The program consantarium and Clime on 1913 to The program consisted of a business meeting at 5 00 p m, dinner at 6 30 p m, and the scientific session at 7 30 p m, at which Dr Milton Bohrod, director of laboratories and pathologist of the Rochester General Hospital, presented an illustrated talk on "Blood Dyscrasias"

#### Orange County

Gold diplomas, commemorating fifty years in the medical profession, were presented to Dr Oscar Northway Meyer and Dr Edwin M Schultz, of Middletown, on June 13 by New York Medical College, Flower and Fifth Avenue Hospitals at the eightysixth annual commencement exercises in New York City Dr Frank Kingdon was the principal speaker

Twelve other surviving members of the Class of 1895 were similarly honored at the exercises, which took place at the New York Academy of Medicine. They represented a total of seven hundred years of

medical practice

## Schenectady County

Dr B L Vosburgh has been appointed a member of the general staff of the General Electric Company apparatus manufacturing division to study the medical work and health problems at each of the apparatus works of the company, Neil Curric, Jr, manager of manufacturing, has announced

Dr Vosburgh will act as consultant in coordinating the work of all apparatus divisions and will con-

tinue as Schenectady works' physician

As a result of an auction at the semiannual meeting of the Schenectady County Medical Somety, held in the Mohawk Golf Club on May 31, \$20,000 worth of war bonds were purchased This brings the society's total during the seventh war loan campaign to \$60,000

The auction was in charge of Dr D Glen Smith, president, and Dr Ralph E Isabella, and the articles disposed of were donated by drug concerns \*

#### Troga County

Dr Louis Kress, chairman of the New York State Society for Cancer Control, spoke at a meeting of the county society in the Tioga County General Hospital on June 12

#### Washington County

Dr Samuel Pashley, one of Hudson Falls' bestknown and oldest physicians, was honored on June 9 at Warner's Lake when he and ten other physicians observed the fiftieth anniversary of their graduation from the Albany Medical College

Dr Pashley was graduated from the college in 1895 and has practiced in Hartford and this village The party took place at the cottage of Dr Frank

Hurst, a member of the 1895 class

In the evening Dr Pashley attended the annual alumni banquet of the college in Albany and with the ten other members who had practiced for fifty years was presented a certificate by the president of the college \*

## Necrology

Joseph F Battaglia, M D, school physician for the City Health Department of Buffalo, died suddenly on June 3 He was 49 years old Dr Battaglia was graduated from the University of Buffalo in 1920 and was appointed to the City Health Department twelve years ago as a school doctor He was a member of the Ene County Medical Society, Baccill Medical Society, the Medical Society of the State of New York, and the American Medical Association

Edward T Curran, M D of Brooklyn, died on March 28 at the ago of 09 A native of Ireland, he received his medical degree from the Long Island College of Mediceno in 1905 and became a medicocal specialist He also served as a State lunacy commissioner A veteran of the Spanish-American War and the Boxer and Philippine rebellions, Dr Curran compiled a handbook on the Philippine language, Tagalog, for American troops

Homan V Doggan, M D, of Brooklyn died on April 29 Dr Duggan received his medical degree from the Long Island College of Medicine in 1893

Samuel Jesse Goldfarh, M D of Now York City, deed on June 27 A specialist in gastroenterology, Dr Goldfarh had served as associate radiologist at the Mt. Sunai Hospital for the last twenty years. He had also conducted postgraduate courses in his specialty at Columbia University during the past ten years. He was graduated from the College of Physicians and Surgeons, Columbia University, in 1905 and was a member of the medical societies of New York County and State, and of the American Medical Association

Joseph Leo, M.D., of New York City, died on June 28 in his office. He was 65 years old Dr Leo received his medical degree from New York University Medical School in 1910, and had practiced in New York City for thirty five years

Issac Levin, M.D., of New York City, died on Jin the treatment of cancer, having been director of the New York Cancer Institute from 1923 to 1930 and associate professor in pathology and cancer research at Columbis University for seven years, and at New York University for fifteen years. From 1912 he was chief of the cancer division of Montefore Hospital and chief of the radiology department of Lebanon Hospital A native of Russia, Dr Levin was graduated from the Petrograd Medical Academy in 1890 He was a diplomate of the American Board of Radiology, a fellow of the New York Candemy of Medicine, and a member of the New York County and State medical societies and the American Medical Association

Frank R. Lock, M D, of Buffalo, died on April 28 at the age of 75 Dr. Lock received his medical degree from the University of Buffalo School of Medicine in 1897

Herbert Wood Matthews, M.D., of Penn landied on June 5 after a long illness He was 73 years

nld. He received his medical degree from Starling Medical College, Ohio, in 1896 and practiced in North Dakota for eight years before going to Penn Yan He was a member of the Yates County Medical Society, the State medical society, and the American Medical Association

Henry E Merriam, M D, of Ithaca, died on June 25 in Clifton Springs Sanatorium after a long lilness Graduated from the New York Homeopathie Medical College in New York City, in 1891, Dr. Merriam practiced in Owego before going to Itlaca about thirty-five years ago. Ho was formerly consultant un the staff of the Tioga County General Hospital and consultant physician at Memorial Hospital Howas 70 years old.

Charles J Oppenheim, M.D., specialist in cardiology, died on Juno 26 at his homo in Queens. Howas 50 years old. A member of the staff of the Beckman and Lenox Hill licspitals, Dr Opponheim received his medical degree from Cornell Medical College in 1928. Ho was a member of the Queens County Medical Society, the State medical society, and the American Medical Association

Robert H Tedford, M.D., practicing physician in Albany for forty-five years, died on June 27 nt the ago of 82. He was graduated from Albany Medical College in 1893, and was a member of the Albany County and State medical societies, and the American Medical Association

Charles Edward Terry, M D of Wingdale, died on February 18 at the age of 67 He received his medical degree from the University of Maryland in 1903, and before his retroment was a member of the Medical Society of the State of New York, the American Public Health Association's Society of Tropical Medicine, and the Southern Medical Association

Elizabeth Wiltshire Wright, M D, of Mount Vernon, and formerly of New York City, died after a short libees on July 4 at the age of 69 A graduate of Laura Memorial Medical School in Cincinnati, Ohlo, in 1903, and of Boston University School of Medicine in 1909, she had speculized in electrical therapy and gynecology Whito in New York she had been on the staffs of St Luke's Hospital and Metropolitan Hospital She was a member of the New York State and County medical societies, the American Medical Association and the American Congress of Physical Therapy

George L. Wurtzel, M.D., professor of traumatic surgery at Post Graduate Hospital in New York City, died on June 28 at the age of 55. He was graduated from the College of Physicians and Surgeons in Baltimore in 1912 and at his death was on the staffs of Reconstruction and Park East hospitals in New York City. Ho was a member of the New York County and State medical societies and the American Medical Association

# Hospital News

## Hospital Activities of the Veterans Administration

N ONE year's operation since passage of the G I Bill of Rights, the Veterans Administration has added 5,278 new hospital beds, and has 13,525 beds under construction, 16,442 authorized for construction, and 26,772 recommended to the Federal Board of Hospitalization, Brig Gen Frank T Hines, Administrator of Veterans' Affairs, announced on

In summing up the activities of the Veterans Administration since Public Law 346, approved June 22, 1944, provided a high priority for personnel and material, General Hines pointed out that one of the major problems-personnel-is being partially over-

come

When the G I Bill was passed, he pointed

out, there were approximately 47,000 employes on the payroll In the past year the roll has grown to 55,000, with a total of 69,000 jobs authorized. A nation-wide recruitment program gained 8,349 em-

In addition to the hospital expansion, various changes in the hospital system, including establishment of a mental-hygiene clinic in Los Angeles, and specialized centers in chest surgery, amputation, cancer, and spinal-cord injuries have been affected

In broadening the hospital services to veterans, outpatient treatment has been expanded particularly for service-connected neuropsychiatric patients, though this expansion has been curtailed by the shortage of psychiatrists

## Nine Cancer Grants-in-Aid Approved by Cancer Advisory Council

NINE grants-in-aid totaling \$79,377 were approved at the twenty-eighth meeting of the National Advisory Cancer Council, held in June at the National Cancer Institute of the Public Health Service of the Federal Security Agency, Bethesda, Maryland, the Agency announced on June 23 These funds, the greatest amount ever granted at one time by the council, reflect the growing interest in the disease by medical groups throughout the country that are joining hands in cancer research and education. At the present time cancer is the second cause of death in the nation

The largest individual grant, \$24,500, was made to Harvard University, Boston, for the study of the relation of steroid hormones to growth and tumors Dr J H Means will be in charge of this work. Drs Fuller Albright and Joseph C Aub will also participate in these studies Mt Sinai Hospital, New York City, was next on the list of approved grantees, with \$10,775 for chincal studies on gastric cancer This work will be under the direction of Dr Franklın Hollander Harvard University was given an additional grant of \$10,000 for study of the pathology of cancer of the stomach, peptic ulcer, and gastritis, with Dr Shields Warren in charge Another grant was voted, for clinical studies of gastric cancer, to be conducted by Dr Leon Schiff, of the University of Cincinnati, Cincinnati, Ohio The school was of Cincinnati, Cincinnati, Ohio granted \$10,000 for this purpose

Approval was also given to a request from Northwestern University, Chicago, Illinois, for \$8,500 for research in cancer education Dr A C Ivy, member of the council, will supervise the work. Dr Paul A Zahl will direct research on the virus-like agent in mammary cancer of mice for which the Haskins Laboratories, New York City, was granted \$5,000 The relation of certain types of diets to induced cancer in rats is the research planned by the Detroit Institute of Cancer Research, Detroit, Michigan, A grant of \$6,152 was recommended for the study Dr W F Dunning will be in charge New York University, New York City, was granted \$3,000, which will be used by Dr Robert W Chambers in a study of Hodgkin's disease A grant of \$1,450 was made to the University of Minnesota, Minneapolis, where studies on leukemia in mice will be conducted by Dr. Arthur Kuschbaum

Members of the Council are Dr George M Smith, executive director of the council and professor of anatomy of Yale University, New Haven, Connecticut, Dr Frank E Adair, president of the American Cancer Society, Inc., and a staff member of Memorial Hospital for the Treatment of Cancer and Allied Diseases, New York City, Dr. A. C. Ivy, professor of physiology at Northwestern University Medical School, Dr James B Murphy, Rockefeller Institute for Medical Research, New York City, Dr A. Baird Hastings, Harvard University Medical School, and Dr Sherwood Moore, director of the Mallinckrodt Institute of Radiology, St Louis, Missouri Surg Gen Thomas Parran is chairman, er officio, of the council

The Public Health Service was represented by Dr R E Dyer, director of the National Institute of Health, Dr R. R. Spencer, director of the National Cancer Institute, and Dr Ralph Braund, director of the Tumor Clinic, US Marine Hospital, Balti-

more, Maryland

## Improvements

The memorial fund committee of the Five Towns branch, American Red Cross, has completed a special duty with the opening of three hospital rooms, furnished from funds donated in memory of Edith R Barnett and Felix U Levy

I'wo rooms, hurrack rooms 302 and 306 at Mitchel Field Hospital, have been furnished with attractive

furnishings purchased with the money remaining

in the Barnett memorial fund. A third large room at Mason General Hospital, Brentwood, has been similarly furnished in memory of Mr Levy Plaques will be put up in both rooms

The fund committee, which includes F Abbott Goodhue, chairman, Judge Clarence G Galston, Dr Nathaniel Barnett, Sigourney B Olney, Mrs. Leonard Sullivan, Mrs. Karl W Rosenberg, and Mrs. William H E Jay, Jr, will continue to func-

[Continued on page 1696]

<sup>\*</sup> Asterisk Indicates that item is from a local newspaper



The inhalation from tubes of volatilizable vasoconstricting drugs is often very effective. The most popular and best known of this sort is the benzedrine (amphetamine) inhaler.

Feinberg, S.M.: Allergy in Practice, The Year Book Publishers, Inc., Chicago, 1944, "Hay Fever Treatment."

## A BETTER MEANS OF NASAL MEDICATION

Between office treatments, the use of BENZEDRINE INHALER, N.N.R., will afford the allergic rhinris patient marked symptomatic relief. It may, in fact, make all the difference between weeks of acute misery and weeks of comparative comfort.

The Inhaler produces a shrinkage of the nasal mucosa equal to, or greater than, that produced by ephedrine—and approximately 17% more lasting It is, consequently, strikingly effective in reducing the congestion of hay fever, head colds, and sinunds. Smith, Kline & French Laboratories, Philadelphia, Pa.



BENZEDRINE

Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; menthol, 10 mg; and aromatics.



[Continued from page 1694] tion as part of the local branch Its duty is to deter-

mine the specific usage of monies donated to the Red Cross for any special memorial fund \*

## At the Helm

Dr Robert H Gelder, of Winthrop, a member of the surgical staff of Potsdam General Hospital for twelve years, left in July to join the surgical staff of Chenango Memorial Hospital in Norwich

Dr Gelder was for six years a St Lawrence County coroner He is past president of the Pots-dam Hospital surgical staff \*

Two physicians of the staff of St Francis' Hospital, Poughkeepsie, were among four new directors who were appointed to the advisory board of the hospital at the annual meeting of the board on May 31 They were Dr James J Toomey, chief of staff, and Dr James E McCambridge Mayor Doran and City Judge Corbally were the other two directors who were appointed to new terms on the board, both having served previously some years ago the first time in the history of the institution that members of the medical and surgical staff were appointed to the board \*

Dr Charles S Peckham, obstetrician-in-chief of Bassett Hospital and retiring president of Otsego County Medical Society, has resigned his hospital

post

He will become head of the department of obstetnes and gynccology at Manchester Memorial Hospital, Manchester, Connecticut Dr Peckham went to Cooperstown from Johns Hopkins University, Dr Peckham went where he was an associate professor

County Executive J Russell Sprague has accepted the position of honorary chairman for the Long Beach Memorial Hospital campaign to raise \$250,000 for expansion of facilities, it was announced

by Dr George S Reiss, president, on June 15 William F Ploch, president of the National City Bank of Long Beach, is treasurer, it was revealed by J W Brantman, executive chairman Other officers include City Judge Charles Zimmerman, chairman of the speakers' bureau, and Milton E Nemerow, chairman of accounting

Brantman will direct the special gifts appeal with Bernard Sharp, Sol Wolff, and Herman Wood as James Gerson is chairman of associate chairman

the general canvass, which starts August 1.

Dr Earl W Mungle, of Binghamton, now heads the Broome County Tuberculosis Hospital board of directors at Chenango Bridge, following the annual meeting of the board at that institution on June 5

Dr Mungle succeeds to the office formerly held for three terms of five years each by Rana S Cooper, of

Binghamton, who declined reappointment Bernard H Chernin, Binghamton attorney, was re-elected vice-president Owing to his position as acting superintendent, Dr Howard Davis automatically takes over the offices of secretary and Owing to his position as treasurer, in place of Dr Edward Roach, former superintendent, who has left for a similar position upstate '

Peter Paul Miller, of Schenectady, has been named a member of the board of managers of Ellis Hospital, Chester H Lang, president of the hospital board, announced on June 7

Mr Miller's appointment was made by the board of managers at a recent meeting He will complete the term of the late Joseph H Clements, Jr, which expires in June, 1947 \*

The first Negro to receive a staff appointment with a city-operated hospital in Bronx County is Dr George D Thorne, of New York City, appointed on June 7 to the surgical staff of Lincoln Hospital

To accept the appointment, Dr Thorne had to resign as assistant visiting surgeon at Harlem Hos-At Lincoln pital, a post he has held for five years Hospital he will rank as clinical assistant visiting surgeon, according to Edward M Bernecker, Commissioner of Hospitals

Dr Thorne described his appointment as a step forward for Negro doctors, "but one that leaves us

a long way to go "

The doctor said that there are two hundred Negro doctors in Manhattan, and another one hundred in Brooklyn, Queens, and the Bronx, with less than twenty holding staff positions with city

Appointment of Negro doctors to the Lincoln Hospital staff has been anticipated With the spread of Harlem's population to the East Bronx, Negro patients account for 50 per cent of the hos-

pital's total \*

## Newsy Notes

A new school for the training of physical therapists will be opened by Albany Hospital in Septem-The course will be given twice yearly, the first class will be admitted on September 12, and the second on March 13, 1946 Albany Hospital, a 571-bed general hospital, including a psychiatric payihon and a tuberculosis sanitorium, is affiliated with Albany Medical Col e The period of study is nine months, with a preclinical course of three months and a clinical course of six months Candidates for admission should be able to satisfy one of the following requirements (a) graduation from an accredited school of nursing, (b) graduation from an accredited school of physical education, or (c) two

3 ears of approved college training, including satisfactory courses in biology and other sciences The tuition for the course is two hundred dollars who desire an application blank or other information should address an inquiry to the Director, Department of Physical Therapy, Albany Hospital, Albany 1, New York

Free plasma and free transfusions for all patients of Memorial Hospital, Albany, were discussed at a meeting in the Court House on June 5 when representatives of various civic and fraternal organiza-

[Continued on page 1698]

## SUPER-SEAL VITAMINS

Super Seal Vitamins are not ordinary pellets, but a definite advance in tablet engineering. The construction is unique with respect to the architectural segregation of the water soluble from the fat soluble vitanins. An inner, enteric type sugar coating makes each vitamin available in its respective medium, i.e., the fat solubles in the alkaline medium of the intestines and the water solubles in the acid medium of the stomach

## SUPER-SEAL "C"

(WITH A AND B1)

The employment of vitamin C in allergies is recommended by various investigators, though scientific opinion differs regarding its definite effects

In the efficient management of Hay Fever, Rose Fever, Eczema, Contact Dermatitis, a co-existing condition may call for therapeutic doses of vitamin C

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[Continued from page 1696]

tions assembled to discuss a volunteer program origi-

nating with the hospital's board of trustees

The life-saving plan to create an adequate blood bank and volunteers for direct transfusions is so designed that no organization participating will be under any strain whatsoever to meet its quota, according to Roland G Fowler, works manager and vice-president of the Allen-Walex Adding Machine Corporation, and a hospital trustec \*

A \$250,000 expansion project for Long Beach Hospital to include a new maternity wing and a nurses' home, was announced on June 7 by the board of directors through Dr George S Reiss,

The new buildings are planned as a living memorial to the Long Beach men who have given their lives for their country in World War II The addilives for their country in World War II

tional facilities will increase the bed capacity of the hospital by 60 per cent

Originally planned by the board of directors and Hospital Club as a hospital program, the project has been thrown open to the entire city as a com-Veterans' organizations and munity endeavor members of the clergy have taken the lead in hailing the project as the most worthy plan for the betterment of the city \*

Additional memorial subscriptions totaling \$14,-900 to the \$300,000 Ossming Hospital building fund were announced on June 2 by Walter L Johnson, president of the hospital and chairman of the memorial gifts and corporation subscriptions committee

A subscription of \$6,500 from Eastern Aircraft Division of General Motors will assure hospital protection for all Eastern Aircraft employees and their families living in the communities served by Os-

sınıng Hospital

The Foreign Mission Sisters of St Dominic at Maryknoll subscribed \$4,500, of which \$4,200 will meet the estimated cost of building and furnishing a private room on the second floor of the new wing, and the remainder will be used for the general con-

struction of the new wing
A children's ward for \$2,100 has been memorialized by Briarchiff Junior College The C J Drislane Company, Inc., has also memorialized a children's ward for \$1,800 These wards will both be part of the new pediatric department to be included on the reconstructed first floor of the original hospital

building \*

Dr Edward M Bernecker, Commissioner of Hospitals, received a check in his office for \$892 today "for the general welfare and recreation" of the members of Army General Hospital 37, serving in northern Italy and comprising personnel of Kings County Hospital, Brooklyn

The check was given the commissioner by Dr Joseph Tenopyr, president of the Hospital Medical Board and president of the Kings County Medical Society The money was given as a personal gift Society The money was given as a personal gilt to Dr Tenopyr at a recent testimonial dinner by the medical staffs of Kings County and Caledonia

Bernecker thanked Dr Tenopyr and said that he appreciated the doctor's decision to forego using the funds personally in order to give it to the unit, which comprises one hundred and fifty doctors, nurses, and auxiliary personnel.

The commissioner gave the check to Dr Charles Mueller, treasurer of Kings County Hospital's medical board, who said that he would send it at once to

The medical staff of Huntington Hospital was host for the one hundred and thirty-ninth regular meeting of the Associated Physicians of Long Island on June 12, at which time the members gathered at the Crescent Club A scientific session was held at 3 00 pm, with a symposium on lymphoid diseases, followed by a business meeting at 5 00 PM and dinner at the club at 6 00 PM.

Dr John L Sengstack, president of the medical staff of the Huntington Hospital, is also president of the Associated Physicians of Long Island He presided at the meeting and at the dinner and introduced Alfred Marchev, president of the Republic Aviation Corporation, who addressed the society on his recent trip to the Southwest Pacific \*

Members of the staff of the Saratoga Hospital were specially honored during the year 1944, according to the annual report of the sccretary of the staff

Dr Walter S McClcllan was made president of the American Society for Physiological Medicine, Dr J E MacElroy became president of the Public Health Association of the state, Dr G Scott Towne was made a delegate to the American Medical Association from New York, and Dr Fred J Pratt was awarded the diploma of the Board of Otolaryngology \*

Medical officers returning from war service will have an opportunity for postgraduate medical edu-cation in Buffalo, Dr Earl D Osborne, chairman of Buffalo General Hospital's Education Committee, said on June 14 in connection with the hospital's A plan has been outlined to expansion program make available a large number of residencies in Meyer Memorial Hospital, Children's Hospital, and Buffalo General Hospital in cooperation with the University of Buffalo School of Medicine

This program locally will meet the need for double the prewar number of hospital residencies estimated as necessary by members of the Council on Medical Education and Hospitals of the American Medical Association upon the basis of a questionnaire survey of more than 20,000 medical officers now in the

armed forces.

Eighty per cent of both recent medical graduates and experienced older doctors in the group indicated

they desire additional training

Buffalo General Hospital has developed an inclusive educational program for the training of students of the University of Buffalo School of Medicine as well as hospital interns, residents, nurses, and laboratory technicians Another important part of this program is the continuous postgraduate selfeducation carried on by staff members '

A new building capable of housing 400 patients will be built at Castle Point, in Dutchess County, in connection with the greatest hospital construc-tion program ever undertaken by the Veterans' Administration, according to Col Carleton Bates,

[Continued on page 1700]

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\*Larragescepe Feb. 1935 Vol. XLV. No. 2. 149-154 Proc. Soc. Exp. Biol. and Med., 1934-32-241 Larragescepe Jan., 1937 Vol. XLVII. No. 1. 38-60 N. Y. Stat. Journ. Med., 3-61-35 No., 21. 590,502.

## [Continued from page 1698]

manager of the Veterans' Hospital The Veterans Administration in Washington is soliciting bids for sounding of the foundation. These bids, as well as bids for construction of the buildings, are handled by the Washington agency and do not go through the Castle Point Hospital, Colonel Bates explained Cost had not yet been estimated for the new sixstory building, which will house the hospitals' administrative offices and all clinics, as well as an operating suite on the top floor The bed facilities will be for tuberculosis patients only \*

A gift of \$81,000 to the Buffalo General Hospital Building Fund, made by Buffalo Forge Co, Mr and Mrs Edgar F Wendt, and Mr and Mrs Henry W Wendt, will establish a memorial to Henry W Wendt, Sr, one of the founders of the company, it was announced on June 15 by Carlton P Cooke, chairman of the \$4,000,000 campaign.

The new subscriptions will establish a large section of the south wing on the second floor of the enlarged hospital building This section contains a tenbed ward, two four-bed wards, two semiprivate rooms, a nurses' station, diet kitchen, and service facilities Mr Cooke stated that this ward department is one of the most important units in the hospital It will care for patients in the middle income brackets as well as teaching cases

The contribution also will create the two chemistry research laboratories on the second floor of the east building of the expanded hospital These laboratories will make possible continued research into the causes of disease, development of serums and drugs to combat them, and investigation of data and results \*

Necessary priorities for a seven-story addition to New Rochelle Hospital were received on June 2 from the War Production Board, according to announcement from William W Sheppard, acting superintendent of the hospital

The priorities, signed by J Joseph Whelan, recording secretary for W P B, cover the necessary steel, copper, flashing, plywood, and lumber for the building

It is expected work will begin on the project as soon as materials can be delivered \*

The first \$10,000 memorial has been reserved in the new Monticello Memorial Hospital for Messrs Joseph Posner and Joseph Brickman and family, owners of the Brickman Hotel Mr Posner announced the gift of \$5,000 in addition to the proceeds derived from the dinner given at the Brickman Hotel on June 3 The proceeds from this dinner were donated by Messrs Posner and Brickman to the hospital \*

The W K Kellogg Foundation, Battle Creek, Michigan, has given Columbia University a grant of \$60,000 to establish a course of training for hospital administrators, the New York Times reported on June 5 The work will be carried out in the De-Lamar Institute of Public Health and will be available for graduate students The Times stated that plans already had been made for the Columbia faculty of medicine to carry out the training program in cooperation with hospitals and other organizations throughout the country

Herman F Zorn, chairman of the building committee, announced at a meeting on June 5 of the Columbia Memorial Hospital Building Fund committee, that \$400,000 has already been realized through cash contributions and pledges. Of this total \$201,250 was contributed by members of the Board of Trustees and the medical staff of the Hudson City Hospital

Raymond P Sloan, editor of Modern Hospital, gave an address on "Our Hospital" and the great need of a modern hospital in the community \*

## SPEECH DEFECTS INCREASE, ASCRIBED TO WAR STRAIN

A war-caused increase in the number of persons who stutter or suffer from other speech defects appears in the records of the National Hospital for Speech Disorders, according to the annual report by its medical director, Dr James Sonnett Greene

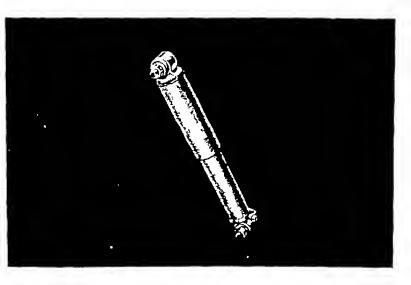
A total of 3,749 patients, the largest since the start of the hospital twenty-nine years ago, and 800 more than the previous year, were treated during the past year, Dr Greene reports

The added emotional strains and conflicts brought on by wartime conditions explain the increase, in

Dr Greene's opinion Many of the patients were servicemen and exservicemen with speech disorders that developed under the strain of military service

or had been aggravated by it

A large proportion of these men were treated without charge The Government is now arranging, Dr Greene reports, a contract with the hospital under which it will assume the financial responsibility of rehabilitating veterans referred to the institution for treatment -Science News Letter, April 7, 1945



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### Honor Roll

### Medical Society of the State of New York

### Member Physicians in the Armed Forces

(By County Societies) Supplementary List\*

Clinton County Rosenbaum, Bruno L (Lt) Erie County Eppers, Edward H (Lt.)

New York County Hertz, Sylvan A (Capt.)

Queens County Abrahamer, Isidor (Surg USPHS) Gaetane, Joseph A. (Capt)

Oneida County

Richmond County Toomey, Joseph H (Maj)

Kings County Marcuse, Peter M (Lt)

Jones, Quentin M (Lt Comdr)

\* This list is the thirty-fifth supplement to the Honor Roll published in the December 15, 1942, issue. Other supplements appeared in the January 1 January 15, February 15, March 1, March 15, April 15, June 1, July 1, August 1, September 1, October 15 November 15 December 15 1943 January 15, February 1, February 15, March 1 May 1, May 15, June 1, July 1, July 15, August 1, September 1, October 1, November 1, December 1, 1944, January 1, February 1, March 1, April 1 May 1, June 1, and July 1, 1945, issues -Editor

### "DOCTOR JONES" SAYS-

"Sinus trouble" that's something that more people in this climate have and less understand than most anything I can think of-unless it is ration schedules The one thing that seems to be quite generally understood and accepted is that having persistent sinus trouble is ground for spending your

winters in a warmer climate if you can afford it
That word "sinus"—it don't always mean the
same thing What we're talking about here the nasal accessory sinuses—they're cavern-like affairs located in the bones around the nose and having openings into the nose. They're lined with mucous membrane that's continuous with that of the nasal The frontal sinuses are located in the bone over the eyes, the maxillary in the upper jaw, between the roof of the mouth and floor of the nose-

and so on.

The function of these sinuses—it seems it ain't just to contribute to the support of the nose special-They're supposed to help in warming up and moistening the air we breathe and they tell me it's quite desirable, from a health standpoint, to have 'em working right. Way back in the early history of the development of man, it appears it was these sinuses they did their smelling with very largely

But the smelling job was turned over to another de-

partment

What started me off on this—I was reading an ticle on the treatment of sinus troubles. The article on the treatment of sinus troubles more they know about the actual conditions in these sinuses, when they're getting symptoms from 'em, the less inclined they are (the specialists, that is) to jump in and give active treatment—surgical and so

on—in the average case

The "bulgy" headache that's characteristic of sinus trouble—only in a very small percentage of cases, this article says, does it mean chronic infec-tion of the sinus, with pus and all that It may come—and I gather it does in the majority of cases just from congestion in the mucous membranes what the author called "allergic congestion" And, a good many cases, the symptoms (stuffiness, occasional headache, and so on) the patient magnifies 'em out of all proportion to their importance sort of a psychoneurosis So, while an occasional case may require drastic treatment, the majority of 'em-I gather the best treatment, if they can't go South, is to help 'em forget they've got sinuses—Paul B Brooks, MD, in Health News, March 19, 1945

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## Woman's Auxiliary

### To the Medical Society of the State of New York

### Executive Board Meeting

ON MONDAY, June 25, Mrs Edwin A Griffin, of Brooklyn, who is president of the Woman's Auxiliary to the Medical Society of the State of New York, entertained the Executive Board at a luncheon meeting Plans were made for important health projects for 1945–1946 Among those who attended were Miss Yolande Lyon of the Public Relations Bureau, Medical Society of the State of New York, Mrs Albert M Bell, Sea Cliff, Mrs William Car-

hart, East Islip, Mrs Meyeron Coe, Queens, Mrs Thomas D'Angelo, Queens, Mrs Luther H Kice, Garden City, Mrs William LaVelle, Long Island City, Mrs Michael M Schultz, Hollis, Mrs Byron St John, Port Washington, Mrs Louis A Van Kleeck, Manhasset, Mrs H F Pohlmann, Middletown, and Mrs Henry J Jauch, Mrs Walter J Puderbach, and Mrs George H Smith, of Brooklyn

### County News

Nassau County The Woman's Auxiliary to the Nassau County Medical Society will open the Fall season with a membership tea in September The tentative place of the meeting is the Nassau Hospital auditorium in Mineola

Mrs Louis A Van Kleeck, president, was hostess to members of the executive board at a luncheon meeting held at the North Hempstead Country Club in June Those board members present were the Mesdames Arthur C Martin, Byron D St John, Arthur D Jaques, Albert M Bell, Clymer A Long, John L Neubert, William P Bartels, Thomas J Evers, Louis B Chmislewski, Dwight P Bonham, M G Moghtader, Ralph M Perry, Nathaniel H Robin, George E Christmann, H S McCartney, August Fincke, Spencer B Caldwell, and Wilber G Holz

### RECENT PROGRESS IN CANCER CONTROL

There are definite indications from a number of sources that the mortality from cancer is beginning to come under control During the past decade noticeable progress has been made, particularly among women, in the attack on this major public health problem For example, among white females insured in the Metropolitan Life Insurance Commence Institute Decade and Commence Insurance and Insurance Commence Institute Decade and Insurance and Company's Industrial Department, essentially an urban group, the standardized death rate from cancer at ages 1 to 74 declined steadily from 90 4 per 100,000 in 1934 to 80 3 in 1944, a decrease of 11 per Nor are the signs of progress limited to the past decade For almost a quarter century prior to 1934 the cancer mortality among these white women at every age period below 65 years was either fairly stable or showed a downward trend result of these developments has been to bring the current death rates from cancer among white women in the broad age range 25 to 64 to the lowest levels on record in this third of a century of insurance ex-It is a striking fact that in the ages 35 to 54 the mortality dropped one-fifth between 1911-1913 and 1942–1944

Even among white male policyholders the situation has shown slight improvement in recent years. The distinctly upward trend in the mortality from cancer which was manifest during the first quarter century of this insurance experience has been stemmed, if not reversed. During the past decade, at no age period beyond 25 years has the cancer death rate among these insured men increased, in fact, it appears that at some age periods the mortality has tended downward recently. However, there is good reason to believe that much, if not all, of the increase recorded in the earlier years was more apparent than real. The upward trend probably

reflected the fact that improved diagnostic methods and their greater use led to the discovery, and hence reporting on death certificates, of an increasing number of cases. It is pertinent to note in this connection that about four fifths of the fatal cancers diagnosed among males were in internal sites, and therefore the mortality in this sex was particularly subject to apparent increases with the growing ability of physicians to recognize the disease. Among women, only about one half of the fatal cancers occurred in inaccessible sites.

There is confirmation from other sources as well that the organized movement to control cancer is bearing fruit. The educational campaign, which is a vital part of the whole program, is succeeding in having people, and more especially the women, seek diagnosis and treatment earlier in the course of the

disease, when the chances of cure are best.

The increasing control over cancer may also be attributed to a number of other factors. It is even likely that prevention has played some part. The close relation between cancer of the cervix of the uterus and neglected injuries at childbirth has been generally recognized. With the long-term fall in the birth rate and with marked improvements in obstetric and postpartum care, the incidence of cancer of the female reproductive organs presumably has decreased. Similarly, more attention to mouth hygiene, particularly among men, may have reduced the number of buccal cancers. But far more important, in the total picture, than prevention, has been the constantly increasing number of physicians trained to deal effectively with the disease, the marked increase in the public and private facilities for treatment, and the development of new and improved technics.

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#### THE 'PSYCHONEUROTIC'

Sometime sportswriter Bill Cunningham has coquired new stature as he has found new fields in which to try his strength In the January 21 issue of the Boston Herald he took his fling at the stubbornly cherished belief that a diagnosis of psycho-neurosis, particularly when it has been applied to a soldier, constitutes a stigma denoting mental de-terioration or moral weakness

Grave injustices are being done to many thou sands of innocent and capable young men who are sands of innocent and capable young men who are being projudiced in their opportunities to re-enter industry end normal civilian life, and it is at least partly the job of the country's doctors to educate the public to a better understanding of the profes-sion's more commonly used terminology. To the lay mind, opparently, any word containing the root "psycho" (from the Greek, meaning soul derived from the word Paychea, layed maiden with years. from the word Psycho-a lovely maiden with wings like a butterfly) implies organic disease of the soul or mind, in other words insanity—and there seems to be no doubt in Greek mythology that Cupid was crazy about Psycho

The shell shock of World War I, which was an induced psychoneurosis, was considered to have been brought about by physical forces and consequently was an illness that respectable soldiers could have. The same forces, acting on the mind by more subtle agencies than violent sthereal disturbences, place their victims in the ranks of the untouchables distrusted by industry and frequently beld in contempt by friends and family. The polite term "battle fatigue,' which has been offered as a substitute for the quasi-ecientific psychoneurous, suggests the warrior worn ont in the defense of his country hence an acceptable hero worthy of sympathy and help
A literal-minded medical corps apparently did not

realise the trouble that could be caused by the unguarded classification of disease. Either it under-rated the velocity, impact, and explosive force of the "psycho" root, or it overestimated the intellectual capacity of the general public on the home front-At any rate, the damage was done and our hats ere off to Bill Cunningham for his discerning effort to undo it.

In the February 1 issue of the Journal, Lieut, Col. Jackson M. Thomas emphasized the distinction between genuine psychoneurotics and many of these soldiers whose emotional stability has cracked after a greater or less exposure to the enormous psychio traums of combat conditions. The genuine psychoneurotic a victim of hidden conflicts is a person otherwise normal who cannot face certain situations of everyday environment. The soldier with a simple adult maladjustment is a normal person who has passed his limit of reacting normally to shoromal environmental conditions. It must be recognized moreover that soldiers thus wounded are often among the finest and bravest that an army pro-duces. The best thing that can be done for them is to treat them like the other sick and wounded, not classifying and grouping them with the psychotic.

In closing, it does not seem inappropriate to point out that many of the actions of the average man savor of the psychoneurotic, that some of our most brilliant generals occasionally exhibit lack of selfcontrol, that one of the greatest leaders of the Civil War was forced to give up his command for several months, being sorely beset by doubts, that not only genius but even courage may follow various paths, not all of them obvious to every one The breaking point of any substance is determined not entirely by its own resistance but elso by the type as well as the degree of force applied to it.—New England J M., March 8, 1945

### **Books**

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn N Y Acknowledgement of receipt will be made in these columns and deemed sufficent notification. Selection for review will be based on ment and interest to our readers

### RECEIVED

A Manual of Otology, Rhinology and Laryngology By Howard Charles Ballenger, M D Second edition Octavo of 334 pages, illustrated Philadelphia, Lea & Febiger, 1943 Cloth, \$4 00

Safe and Healthy Living Series of 8 volumes By J Mace Andress, Ph D, I H. Goldberger, M D, Marguerite P Dolch, and Grace T Hallock New edition Octavo, illustrated Boston, Ginn & Co, 1945 Cloth

Trauma in Internal Diseases With Consideration of Experimental Pathology and Medicolegal Aspects By Rudolf A Stern, M D Octavo of 575 pages, New York, Grune & Stratton, 1945 Cloth, 56 75

Constitution and Disease Applied Constitutional Pathology By Julius Bauer, M D Second edition, revised Octavo of 247 pages, illustrated New York, Grune & Stratton, 1945 Cloth, \$4 00

Pye's Surgical Handicraft. A Manual of Surgical Manipulations, Minor Surgery, and Other Matters Connected with the Work of Surgical Dressers, House Surgeons, and Practitioners Edited by Hamilton Bailey, F.R.C.S. Eng. Fourteenth edition, revised Octavo of 628 pages, illustrated Baltimore, Williams & Wilkins Co., 1944. Cloth, S6 00

Textbook of Abnormal Psychology By Roy M Rorcus and G Wilson Shaffer Third edition Octavo of 547 pages, illustrated Baltimore, Williams & Wilkins Co., 1945 Cloth, \$400 Textbook of Anesthetics By R J Minnitt, M D, and John Gillies, M C, M B Sixth edition Octavo of 487 pages, illustrated Baltimore, Williams & Wilkins Co, 1944 Cloth, \$700

An Introduction to Somatic Methods of Treatment in Psychiatry By William Sargant, MB (Cantab), and Eliot Slater, MD Octavo of 171 pages, illustrated Baltimore, Williams & Wilkins Co, 1944 Cloth, \$250.

Anatomy and Physiology For Students of Physiotherapy, Occupational Therapy, and Gymnastics. By C F V Smout, M D, and R J S McDowall, M D Octavo of 418 pages illustrated Baltimore, Wilkins & Wilkins Co, 1944 Cloth, \$8 00

Peripheral Nerve Injuries Principles of Diagnosis By Capt Webb Maymaker, (MC), AUS, and Maj Barnes Woodhall, (MC), AUS Octavo of 227 pages, illustrated Philadelphia, W B Saunders Co, 1945 Clotb, \$4 50

Medical Gynecology. By James C Janney, M D Octavo of 389 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, \$5 00

A Manual of Tropical Medicine Prepared Under the Auspices of the Division of Medical Sciences of the National Research Council. By Col Thomas T Mackie, (MC), AUS, Maj George W Hunter, III, SC, AUS, and Capt C Brooke Worth, (MC), AUS, with the collaboration of Col George R. Callender, (MC), AUS, et al Octavo of 727 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, 86 00

### REVIEWED

Synopsis of Diseases of the Heart and Arteries By George R Herrmann, M D Third edition Duodecimo of 516 pages, illustrated St Louis, C V Mosby Co, 1944 Cloth, \$500

This thin duodecimo of 500 pages, now in its third edition, is written in fine style, almost English in type, but with the usual American omission in the text of the personal pronoun "I". This reviewer hungers for the occasional use of such pronouns in reflecting the emphasized individual opinions of authors.

The book is far from the usual synopsis, giving a wealth of well-presented material that would put to shame some so-called textbooks. No essential subjects are omitted. The electrocardiographic section is ample. The arrangement of the text is excellent, the one hundred and three illustrations are better than average, and, praise be, the index is splendid! The volume can be highly recommended.

FRANK BETHEL CROSS

Global Epidemiology A Geography of Disease and Sanitation. By James Stevens Simmons, M D, Tom F Whayne, M D, Gaylord West Anderson, M D, Harold Maclachlan Horack, M D, and col-

laborators Vol I Part One India and the Far East Part Two The Pacific Area Octavo of 504 pages, illustrated Philadelphia, J B Lippincott Co, 1944 Cloth, \$700

The volume under consideration is the first of a series designed to bring together in one work all information now available concerning the incidence and distribution of disease and the medical and public-health facilities at hand in the seven major geographic areas of the globe. The interrelationship of disease with geography, climate, terrain, insect and animal life, natural resources, government, population density, and the economic status and customs of the people is extensively discussed and supported by maps, statistics, and references

Volume I is concerned with India and the Far East, and with the Pacific area Forthcoming volumes will present similar data for Africa, Europe, the Near East, and the Western Hemisphere The authors acknowledge the help of more than a score of collaborators The work appears to be extremely thorough and complete, the type is pleasing to the eye and easy to read, and the subject matter is fas-

[Continued on page 1708]

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[Continued from page 1706]

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E J TIFFANY

Plaster of Paris Technic By Edwin O Geckeler, M D Octavo of 220 pages, illustrated Baltimore, Williams & Wilkins Co., 1944 Cloth, \$3 00

This book is an extremely valuable contribution. Many of the simple and more complicated procedures, which are generally taken for granted, are clearly illustrated by actual photographs so as to enable the student and the surgeon to apply plaster as it should be applied The photographs are clear and the captions readily explained in the text so as The to make the procedures readily applicable book is highly recommended.

IRWIN E SIRIS

Manual of Military Neuropsychiatry Edited by Harry C Solomon, M D, and Paul I Yakovlev, MD, with the collaboration of Lt Col Wilfred Bloomberg, (MC), AUS, et al Duodecimo of 764 pages, illustrated Philadelphia, W B Saunders Co, 1944 Cloth, \$6 00

Neuropsychiatric casualties in military service comprise about one-third of all casualties in the war This subject has arrested the attention not only of physicians but lay people as well The manual unphysicians but lay people as well The manual under discussion is, therefore, a most opportune book and one that should have a wide circulation among doctors, for it is the duty of all physicians to familiarize themselves with the subject The authors, with the aid of many collaborators, have made an exhaustive survey of the various neuropsychiatric conditions that are apt to occur in military service It is presented in a brief but lucid manner, and the result is a most valuable little volume on a very timely and vital subject It is highly recommended to all intelligent medical men

IRVING J SANDS

Essentials of Pharmacology and Materia Medica for Nurses By Albert J Gilbert, M D, and Selma Moody, R.N Second edition Octavo of 290 pages, illustrated St Louis, C V Mosby Co, 1944 Cloth, \$2 50

This second edition includes a brief sketch of some of the more recently introduced drugs, such as penicillin, sulfadiazine, sulfaguanidine, succinylsulfathiazole, diethylstilbestrol, evipal sodium, adrenal cortex extract, aluminum hydroxide gel, and crystillia. talline zinc insulin. Some minor changes have been made to make the names of preparations conform to the latest U.S. Pharmacopeia, National Formulary, and New and Nonofficial Remedies

As the title implies, only the essentials are given, the entire book consisting of but 290 pages book allegedly follows the Curriculum Guide for Schools of Nursing, which, however, lists as one of the five objectives of the course the following "To gain some appreciation of the social problems resulting from the indiscriminate use of drugs, in order to be able to aid effectively in the prevention and treat-ment of such conditions" Yet in the book under review only seven lines on page 26 are devoted to this important problem. In the attempt to write a short work on pharmacology the authors have oversimplified the subject.

The inclusion of true and false questions in the

Appendix is bad from a pedagogic standpoint. It is apt to fix false statements in the minds of the pupils

In spite of these shortcomings the book is a suitable text for those smaller schools of nursing which do not adhere to the minimum of thirty hours for pharmacology as called for by the National League of Nursing Education

CHARLES SOLOMON

Red Lights on The Honzon By H Ameroy Hartwell, M D Duodecimo of 22 pages, illustrated Boston, Bruce Humphries, 1944 Board, \$100

In this helpful little book of verse, consisting of only 21 pages, the author suggests that the best way to retain good health is to seek an early examination when symptoms of disease first arise He emphasizes the fact that early treatment is the safest course, whereas delay might mean more serious complications or even death.

ARTHUR C JACOBSON

The Sources of Life By Dr Serge Voronoff, M D Octavo of 240 pages, illustrated Bruce Humphries, Inc., 1943 Cloth, \$3 Boston, Cloth, \$3 50

This book is written for the laity. It is well written and reads easily. Voronoff exaggerates the role of the sex gland in human physiology claim to fame is the grafting of simian testes into the scrotum of the male He states that other workers have doubted the "phenomenal" duration and activity of his heterologous transplant in humans and animals With the advent of sexual-hormone replacement therapy and the "good" results obtained by certain authors in the amelioration of degenerative processes in the aged, it is a timely reminder of his method to the laity He offers this method as a ray of hope for the old in their conquest of senility for sexual and psychic improvement

BERNARD SELIGMAN

A Method of Anatomy Descriptive and Deductive By J C Boileau Grant, M D Third edition Quarto of 822 pages, illustrated Baltimore, Wil-hams & Wilkins Co, 1944 Cloth, \$6 00

This book is not to be regarded as a textbook on anatomy and it is not recommended as such, but it does give useful suggestions as regards general It calls attention to certain fundamental facts in the structure of the body and makes it much less difficult for the reader to remember the relationships of the various parts of the body, than do many of the textbooks

WALTER SCHMITT

The Medical Clinics of North America delphia Number November, 1944 Index 1942– 1944 Octavo Philadelphia, W B Saunders Co, 1944 Published Bimonthly (six numbers a year) Cloth, \$16 net, paper, \$12 net

This series of articles covers a wide field proximately one half of this volume was contributed by the Pennsylvania Hospital unit overseas, and deals with their special problems and methods Malaria, mite typhus, the dysenteries, and other particular diseases are discussed in this section Several excellent articles are found in this and the The usual high standard 18 more general section maintained, but a major portion of the interest is for those especially interested in overseas problems

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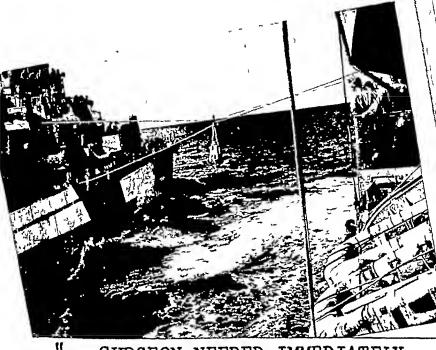
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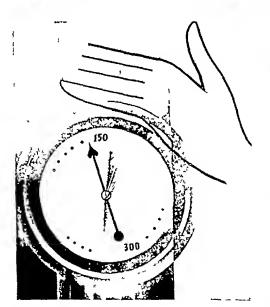
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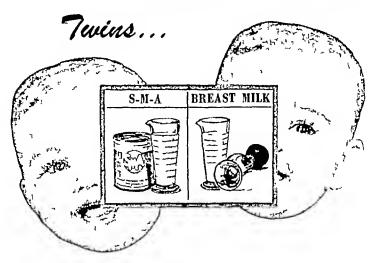
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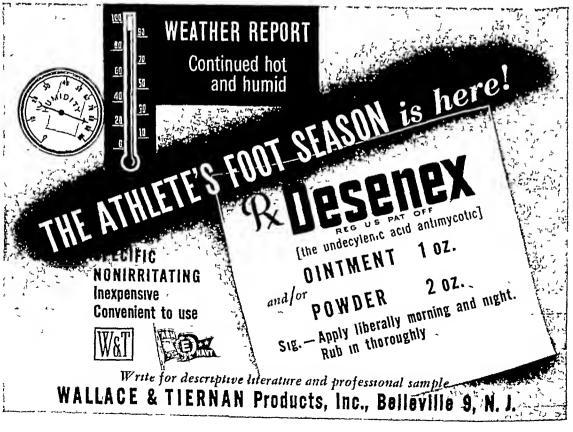
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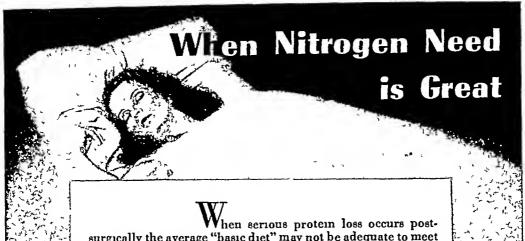
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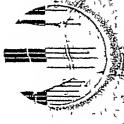
\*Cannon, P R., et al Ann Surg., 120 514, 1944

Pose, W C., et al J Biol Chem., 146 683, 1942, 148 457, 1943

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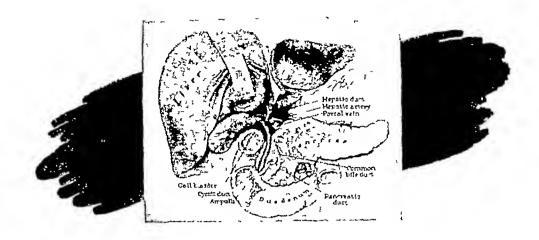
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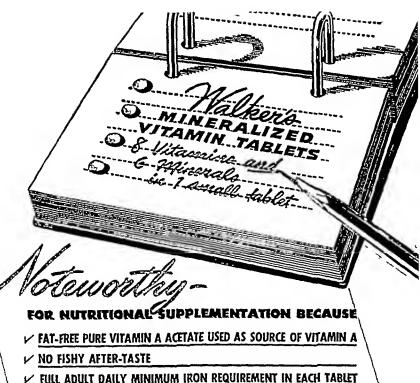
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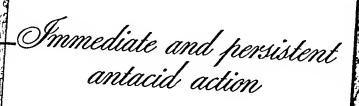


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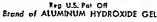
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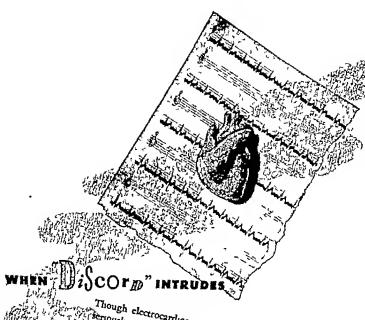


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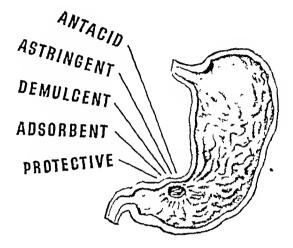


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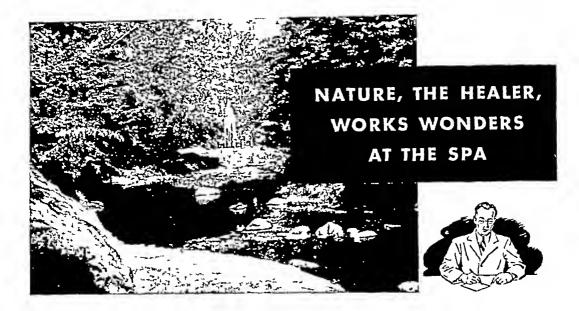
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Follis R. H. Jr., Jackson, D. Ellot, M. M. and Park, E. A., Prevalence of Rickets in Children Between Two and Fourteen Years of Ages Amer. J. Dis. Child., 66s (July) 1943.

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Rambar, A. C., Hardy, L. M. and Fishbein, W. L. J. Ped. 23:31 38 (July) 1943 Wolf, L. J. J. Ped., 22:707 718 (June) 1943 Wolf, L. J. J. Ped., 22:396-417 (April) 1943 Wolf, L. J. J. Med. Soc., New Jerrey, 38-436 (Sept.) 1941



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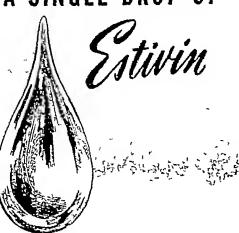
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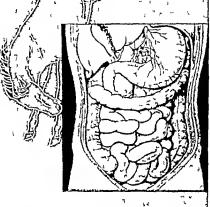
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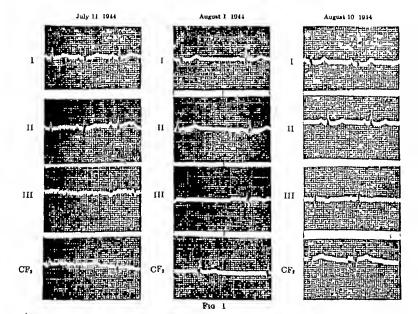
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One level tablespoon of Similac powder added to two ounces of water makes two fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

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monocytes. The blood culture was still negative in view of the decrease in his leukocyte count and the lack of response to therapy so far it was doemed advisable to discontinue sulfonamides and confine treatment to penicilin and hepara.

On the next day the patient appeared generally improved, although the proptons of the left eye was more pronounced and the edema about the eyelids had increased. The ophthalmoplegia in the left

eye was still complete.

On July 10 the patient's condution was still unanged. Proptoss of the left eye was still marked and the ophthalmoplegia and papilledems were still present. Bilaterial Oppenheim reflaxos and saklo clonus were present. In addition, the patient had a moderate amount of "wheesing" and a few most rales were heard in both bases, and breath sounds were somewhat dimnished here. The dosage of penicillin was increased to 100,000 units intramuscularly every four hours.

On the following day the eye signs remained practically unchanged, except for a slight roturn of downward rotation in the left eye. The patient was lucid, but felt extremely weak, and complained of pains in the left pectoral region. He was moderately eyanotic. Wheening respiration and baster rales were increased. The heart sounds were definitely muffled, distant, and of extremely poor quality Blood pressure was 120/70. An electro-

cardiogram showed sinus arryhthmia, low voltage, and fisttening of all T-waves. A diagnosis of toxic myocardits with congestive failure was made. He was digitalized at a moderate rate and given oxygen and diurettes. He responded well to this therapy, as indicated by a marked increased diures and improvement in his cardiorespiratory status.

The patient improved gradually, the temperature reached normal on July 14 and the edema about the left side of the face began to subside. The course continued uneventfully from July 15 for ten days, during which time saids from minor disconforts, he slowly but progressavely improved. The proptosis and pepilledema in his left eye had almost completely subsided. Aside from a slight recovery of downward rotation, he still had complete ptosis and ophthalmoplegan of his left eye. Visson was only moderately impaired. The bilateral Babinski and ankle clonus gradually disappeared.

On July 25 the patient experienced severe dysuria and frequency, which was caused by the presence of an indwelling catheter, for persistent urinary retention. The urmary findings showed numerous put cells and a marked trace of albumin. The temperature rose to 102 F and bladder irrigations with potassium permanganate and boric acid failed to relieve the patient. His distress was so acute that 15 grains of sulfathiazole were given. This was followed within three hours by a severe chill and

#### CAVERNOUS SINUS THROMBOSIS WITH RECOVERY

HYMAN BELSKY, M D, Mt Vernon, New York

RECENTLY there have been several cases reported in the literature of cavernous sinus thrombosis with recovery Prior to the advent of penicillin, this condition almost invariably terminated fatally, and recovery, even with sulfonamide therapy, was rare

The following case, aside from its complete recovery, possessed several other interesting features

#### Case Report

S B K, a white man, aged 52, complained of moderate headache over the left frontal region on July 1, 1944. He sought relief by lying in the sunshine for about two hours, but the headache became progressively worse, and soon this was accompanied by persistent nausea and vomiting, which was not projectile in type He had no fever and gave no history of chronic headache or migraine

The following day the headache was unchanged, the vomiting was still present but not as persistent On the third day the patient's headache was still very severe and at this time his temperature rose to 104 F His pulse was 90 and his respiration 15,

whereupon he was hospitalized

The past history was essentially unremarkable, except for the following About June 4, 1944, the patient had a furuncle on the upper lip, left side This spread soon to the left nostril and was associated with an extensive induration in this area, with marked edema of the left side of the face, involving also the left eyelids. This was accompanied by fever of 101-102 F, but after about a week's treatment the furuncle responded to sulfathiazole therapy, and the patient was completely recovered for a period of about two weeks prior to the onset of the present illness

Physical Examination — The patient was acutely ill, toxic, and in marked pain. There was definite meningismus present. There was no tenderness over the nasal accessory sinuses, and there was no edema of the face or any evidence of the previous infection of the face There was ptosis of the left lid left pupil was in mid-dilatation and did not respond to light or accommodation There was complete third-nerve paralysis with slight sixth-nerve weak-ness. The fundus appeared normal. The right eye was normal in all respects. The other cranial nerves

werc normal

The mouth, throat, ears, lungs, and heart were normal. The blood pressure was 120/80 The abdomen was distended and soft and kidneys were not palpable distended, with urinary retention the extremities were normal. There were no petechnae present. The deep refleves were hyperactive. There was a present of a biletone to the control of the suggestion of a bilateral positive Kernig's sign.

Laboratory Findings —A spinal tap, done on admission, showed the following clear fluid, 150 mm pressure, 10 cells, 90 per cent lymphoeytes, total proteins, 20 mg per cent, albumin, 2 plus, globulin, 1 per cent, sugar, present, culture, sterile, and Wassermann, negative. The blood culture was negative The white blood count was 9,550

-75 per cent polymorphonuclears, 7 per cent
immature, and 25 per cent lymphocytes. The
red blood count was 4,580,000, hemoglobin, 88 per cent, and the sedimentation rate, 6 mm

in one hour The urine showed a trace of albumin, hyaline casts, and 3-4 white blood cells per highpower field

An x-ray of the skull was essentially negative. except for the presence of a large sella turcica. The accessory sinuses were normal

The provisional diagnosis was
1 Thrombophlebitis of the left inferior ophthalmic vein, with beginning left cavernous sinus throm-

2 Brain abscess in the region of the left sphenoidal fissure

Toxic encephalitis with edema in the region of the left sphenoidal fissure

Course in Hospital and Treatment -The patient was given 4 Gm of sulfadiazine on admission and 1

Gm every four hours thereafter

The following day, July 4, although his temperature was somewhat lower, he was unimproved and his headache was still very severe. The ophthalmoplegia showed further progression and there was now complete ptosis of the left lid Blood culture taken on admission was sterile, and in view of the probablility of a staphylococcic infection sulfathiazole was substituted for sulfadiazine. In addition, penicillin was started in doses of 25,000 units every

four hours intramuscularly On July 5, after receiving 150,000 units of penicillin together with sulfathiazole, the patient's condition became precarious Although his temperature had dropped, his pulse rate rose to 140 and was of poor quality, he rapidly became delirious and moribund. Penicilin was increased to 50,000 units intramuscularly every three hours, and 5 Gm of sodium sulfathiazole was given intravenously in normal saline In addition to this, continuous heparin infusion was begun The patient now had complete ophthalmoplegia in the left eye, as well as an advancing papilledema. The abdominal reflexes were absent, and he had a bilateral positive Babinski

The patient was seen in consultation with Dr Israel Wechsler and Dr W D Wingebach, who concurred in the diagnosis of cavernous sinus throm-

On July 6 the patient appeared more lucid, and although his temperature rose, his pulse rate de-clined sharply and was of better quality In addition to the regular intramuscular dose of 50,000 units of penicillin, an additional 100,000 units of penicillin was given intravenously

The temperature continued to rise, although his pulse rate remained relatively constant cervical spasm was not as pronounced as on admission. The left eye showed definite proptosis, with subconjunctival edema, and there was definite edema about the eyelids and the left side of the face There was also a definitely choked disk present in Bilateral ankle clonus and Babinski the left eye

sign were present

The patient had a severe chill on July 8, after which his temperature rose sharply to 105 F, and he became delirious The regular dosage of penieillin was therefore supplemented by 100,000 units given intravenously with heparin in normal saline His red blood count was now 3,680,000 with 65 His white blood count was per cent hemoglobin 4,850 with 62 per cent polymorphonuclears, 10 per cent immature, 35 per cent lymphocytes, and 3 Surgeon General may necrease these days to a maximum of one bundred and twenty days,

The Personal Health Service Account shall have credited to it amounts equivalent to 3 per cent of wages on which there is a payroli tax for social security

Provision is made for grants-in-aid for modical education, research, and provention of disease and dusability Applications for such grants-in-aid must show that projects have promise of making a con tribution to education and training of persons needed in furnishing medical, dental, nursing, boental, laboratory, rehabilitation, and other bonefits or will contribute to knowledge of disease and its prevention.

Preference in the first five years will go to aiding servicemen seeling postgraduate education as medical or dental practitioners or training for administration of personal health services or other benefits in this bill.

#### MODERN HOSPITAL SPONSORS ESSAY COMPETITION ON PSYCHIATRIC CARE

The sornest spectacle in hospital service today is the treatment accorded the psychiatric patient. Herded in a large isolated state hospital or in an unstandardized proprietary or voluntary institution, the patient often gets little more than custodial care. It is medical care may or may not be scientific and efficient, his doctors, although often davoted, are usually underpaid and overworked. His nursing care is likely to be skimpy. His attendants may be poorly trained or indifferent and sometimes even brutal.

Often nobody takes time to outline and carry on a program of intensive and constructive therapy which fully utilizes present knowledge Somo state and voluntary hospitals, of course, are exceptions, a few are very superior institutions indeed.

Generally speaking, neither the profession nor the public has effectively demanded that standards for care of psychiatric patients be maintained at a high level, that adequate funds be provided to operate good psychiatric hospitals or units, and that staffs be top grade and kept at the highest pitch of enthusiasm and ability

Each state and community in the United States and each hospital should have a plan for improving its bospital treatment. For a community or state such a program involves (1) the training of an adequate number of competent psychiatriats, psychologists, psychiatrio nurses, psychiatria social workers, occupational recreationsi, and other therapists, attendants, and associated personnel, (2) the encouragement of research that will discover new technics for treating psychiatric patients and will refine and improve existing technics, and (3) the creation of strongly organized public and professional opinion that will demand high standards of treatment and will insist that personnel, physical facilities, and funds be sufficient to achieve such standards.

To make a contribution to such a program is the purpose of the seasy competition being aponsored by the magazine, Modern Haspial. Three outstanding authorities on bospital treatment of paychiatric patients will judge the essays. They will be drawn from the United States Public Health Service, the American Psychiatric Association, and the National Committee for Mental Hymans.

The competition is open to anyone except the judges and employees of the Hodern Hospital. Hospital administrators, paychiatrists, psychologists, social workers, nurses, therapists, former putents and any other interested persons are eligible to compete. Two or more persons may write a joint essay.

The camps shall not exceed 5 000 words in length.
Shorter essays are preferable. They shall be typed
double space on one side of the sheat only. An
original and two legible carbon copies must be subcritical.

mitted.

Essays shall be mailed to the Managing Editor, the Modern Hospital Publishing Company, 919 North Michigan Avenue, Chicago 11 Illinois, in time to reach that address by October 1 1945 An exasys received after October 1 shall be eligible for consideration only if they were mailed within the

consideration only if they were mailed within the continental United States prior to midnight of September 25 Winners will be announced on or before December 31 and notified by telegram. All other entrants will be notified by mail as soon as possible. The decision of the judges will be final in case of a tie, duplicate price will be granted.

The csays submitted must have no mark or name which could serve as a means of identification of the author although his return address may appear on the outside envolope. With each entry must be onclosed a plain, opaque scaled envelope without any name on the outside but containing the name and address of the contestant. This envelope will be identified with the accompanying entry by the managing editor of the Modern Hospital and will be opened by him in the presence of witnesses after the jury has reported its decision.

the jury has reported its decision.

The contestant's plan for improving hospital treatment and care of psychiatric patients should not be narrow, covering only a single segment of the problem, but it can attack the entire subject from a special point of view, such as that of the administrator of a general (as well as a psychiatric) hospital, or that of the psychiatric social worker, nurse, attendant, public relations director, or the patient himself or his relations that is not wanted is a scientific medical treatise. Contestants are urged to use imagination and to present new and promising ideas even though they may not have been actually tested as yet.

ty Board, and with the advice of the Advisory Council But there seems to be no real restriction on his powers

The Surgeon General is empowered to

1 Arrange for availability of benefits and availability of reports required to determine disability

2 Negotiate agreements with agencies and individuals to provide services and pay fair and reasonable compensation for services and facilities

3 Give preference to utilization of the facilities of state and local agencies in the administration of

this section

4 Delegate to any officer or employee of the Public Health Service and of any Federal, state, and local cooperating agency such of his powers and dutics, except that of prescribing regulations

5 Appoint local area committees to aid in

administration

#### Advisory Council

As in the last bill, there is a National Advisory Medical Pohcy Council with sixteen members appointed by the Surgeon General and having medical and other representation "in such proportion as are likely to provide fair representation of the interested groups that furnish and receive health services"

The Council's function would be purely advisory The Surgeon General may consult the Council on such matters as policy, administration, professional standards, designation of specialists and consultants, and methods of stimulating high standards

The Surgeon General appoints this committee,

but he is not required to take their advice

The Council is also authorized to establish special advisory, technical, regional, or local committees to advise on special questions

#### Appropriations

Sufficient sums shall be authorized for the first and each subsequent year for necessary expenses in carrying out the duties of the Surgeon General including printing of forms and reports, making studies and demonstrations, training of personnel and promoting efficient administration, and for travel expenses of commissioned officers

The Public Health Service is authorized to ap-

The Public Health Service is authorized to appoint personnel for administration of this service, without regard to limitations specified in the Public

Health Law

#### Method and Policies of Administration

Any individual or group of physicians, dentists, and nurses qualified legally by the state will be eli-

gible to give service

Individuals may choose their own doctor or change at will from those participating in the government plan Groups may choose through their representatives

Specialist and consultant services shall be those so

designated by the Surgeon General.

In establishing standards, those set up by professional agencies will be utilized—but the needs of individual areas will also be taken into account

Specialist or consultant service shall be given only on the advice of general practitioners or on request

to a medical administrative officer

Payments to general medical and dental practitioners shall be on a fee for service, per capita, or salary basis, or a combination of the three as groups in each area choose

The Surgeon General is authorized to make payments, by methods other than that chosen by the

majority of practitioners in the area, to those who may desire another method, especially if the alternative method is more convenient for providing service

The Surgeon General may negotiate cooperative agreements to utilize inclusive services of hospitals

and their resident and/or visiting staffs

Rates of payment shall be adequate in terms of annual income customarily received by physicians, dentists, and nurses To maintain high standards of service, maximum limitations to the number of patients shall be prescribed

Home-nursing benefits will be available ordinarily on the advice of the attending physician, or when requested of a medical administrative officer.

requested of a medical administrative officer

#### Hospitals

The Surgeon General shall publish a list of participating hospitals after deciding the status of institutions

Any hospital not accepted may petition for a hearing. The Surgeon General may not control or supervise a participating hospital unless it is owned and operated or leased and operated by the United States.

Not less than \$3 00 or more than \$7 00 shall be paid for each day of hospitalization not in excess of thirty days, not less than \$1 50 or more than \$4 50 for each day of hospitalization in excess of thirty days, and not less than \$1 50 and not more than \$3 50 for each day of care in an institution for the care of the chronic sick (There is nothing to indicate who decides what conditions will call for hospitalization)

Instead of compensation as above, the Surgeon General may enter into separate contracts with participating hospitals for inclusive hospital services

#### Limitations of the Surgeon General

The Surgeon General is authorized to establish the necessary appeal boards to hear complaints of individuals, practitioners, and participating hospitals (There seems to be nothing in this section that obliges the Surgeon General to accept the decisions of these appeal boards)

Purely professional matters would be heard by an appeal board made up entirely of professional per-

sons

Powers and duties of the Surgeon General are subject to the rights and limitations of judicial review (Section 290)

#### Relation to Workmen's Compensation

Injuries or illnesses that come under Workmen's Compensation and cared for under personal health service benefits are subject to reimbursement to the trust fund

#### Limitations of Benefits

If it is found necessary, the Surgeon General may determine that the individual pay first fees for each sickness or course of treatment in medical, dental, or nursing care

Dental care may be restricted for any calendar year except that for each year benefits shall include examination, prophylaxis, extracting of teeth injurious to health, and treatment of acute diseases of teeth and law

The content of home-nursing service shall be restricted by limiting care to service on an hourly basis

or visiting basis

Maximum days of hospitalization shall be sixty
days

When money in the fund seems adequate, the

A Summary of S 1050—"A Bill to Provide for the National Security, Health, and Welfare Introduced in the U.S. Senate on May 24, 1945

THE 1945 Wagner-Murray Blil contains much that is substantially the same as the former bill. It

has many additional provisions

Where the old bill
numbered 90 pages, the new one totals 185 pages.

The public may be musted by the lowered tax
figure set in this bill. Where the old bill set a 12 per cent payroll tax up to \$3,000 to support its comparatively restricted measures, the new bill has set the payroll deduction at 8 per cent (4 per cent by the employee and 4 per cent by the employer) of sal-

ary up to \$3,600

The self-employed would pay 5 per cent of their estimated income up to \$3 600 as against the 7 per cent on income up to \$3 000 set in the old bill.

Actually, the 8 per cent payroll tax will not pay for the bill's cradle-to-grave provisions. The bill provides that certain programs shall be paid for out

of general rovenue

Senator Wagner himself acknowledges that the 8 per cent figure will not support the social-insurance program and that funds will have to come increasingly from general revenue until it is the Sena tor's expressed hope the government's contribution will eventually reach one third of disbursements. Thus, ne the Senator plously puts it, the "government" will be given an opportunity for financial participation in the program. (Ha does not add that it will also give the taxpayer the opportunity to sign a promissory note with the sum of money left blank.)

Unemployment insurance would be taken from the states and placed with the Federal Government Similarly public employment offices would be changed from the juradiction of the states to that of the Federal Government.

The number of weeks for which unemployment benefits would be paid is extended to twenty-ax weeks and may even extend to a maximum of fifty two weeks. The schedule of unemployment benefits is such that the worker carning \$40 a week when employed could draw as high as \$30 a week

unemployment benefit.

The bill provides for differential grants to states for some of its programs ranging from 25 per cent of total expenditures to the richer states to 75 per cent to the poorer states. (One may predict tho resulting political strategy to obtain favorable formu-

las.)

Although for some programs in the bill some provision is made for administration by state agencies, there is no doubt that the bill would accomplish a tremendous degree of contralisation in the Federal Government with accompanying remote-and not so remoto—control.

Compulsory health insurance is still a large fea-ture of the Wagner-Murray Bill There is some new window-dressing offered by calling it "personal pro-paid health service," and it now includes dental and bome-nursing services in addition to medical, hospital, and laboratory services offered in the original bill.

The Surgeon General is directed to make a study of further nursing and dental benefits other than those provided in the bill and to report on increased costs.

He is also required to make a study of needed facilities for the chronically sick, physically and mentally, and as to prevention of such chronic Ili-

The bill deals with so many Federal agencies that there would be bound to be overlapping of functions. Nothing is said in the bill that prevents overlapping of agency functions.

Briefly S 1050 provides the following

Grants to states for a ten-year program of study and survey of bospital facilities and a ten-year program of bospital and health center construction

Grants to states for extension and improvement of public-health services in rural areas and depressed areas and where services are below the national ex-

pected standards

Development of more effective measures of prevention, treatment, and control of venereal diseases and tuberculosis

Grants to states for establishment and main-

tenance of a dequate maternal and child bealth services Services for crippled children, including locating them and providing medical, surgical, and corrective care, facilities for diagnosis and hospitalization and aftercare of children suffering from conditions which lead to emppling

Grants to states for child-welfare services includ ing control of dependency, neglect and delinquency,

and care of children without parental care

An extensive program of assistance of the needs through cash payments, medical care, and payment for care in foster homes of Individuals under 18 years

of age Unemployment and temporary disability insurance, including unemployment insurance, returnment and survivor benefits, wife's, deabled husband's and child's insurance benefits, widow's retirement benefit, disabled widower's insurance benefit, mother's insurance benefit, parents' insurance benefit, and iump sum death payments

Personal prepaid health service

#### Prepaid Personal Health Service

This is the same section which in the last bill was entitled 'Federal medical, hospital, and related benefits.' In addition to the bospital, medical, and laboratory services it provides for dental and nursing services also

Individuals who qualify and their dependents are entitled to these services. These in the disability, retired or survivor class also are entitled to benefits

under this section

Benefits would also be provided to individuals for whom payments have been to the trust fund on their behalf by some public agency of the United States.

#### Administration

The Surgeon General will have tremendous power and duties no less than in the former bill, and prob-

ably much more

The Surgeon General would have the duty of administering the entire program and of making recommendations as to the most effective ways of provid-ing porsonal health service through social insurance. It is his duty to suggest legislation and administra-tive policy concerning bealth and related subjects. The bill specifies that the Surgeon General work

under the supervision of the Federal Security Ad ministration, in consultation with the Social Securto full duty in forty-eight hours, (5) speed of operation—the average time required for the circumcision, from the injection of the anesthetic to the final bandaging, is usually under fifteen minutes, (6) simplicity—the technic can be learned after watching the instrument used once, and no assistants are required for the operation, (7) safety—as all incisions are outside the clamp, neither the glans nor the penile shaft can be accidentally incised

#### HAZARDS IN THE SALICYLATE TREATMENT OF RHEUMATIC FEVER

Dangers encountered in the administration of large amounts of salicylates recently have been re-Salicylates have long been used in the treatment of rheumatic fever Physicians are familiar with the astonishing relief the drug gives the stricken child Acutely inflamed joints that are so sensitive that they cannot tolerate the weight of the bedclothes soon are able to resume their normal function after the administration of salicylates. The antipyretic properties of the drug are as

striking as are the analgesic effects

Recently Coburn¹ advocated the administration of large doses of salicylates in acute rheumatic fever He recommended the intravenous administration of 10 Gm. of sodium salicylate in 1,000 cc of 0 9 per cent sodium chloride every day for four days Intravenous medication was given slowly over a period of four to six hours, so that sufficiently high concentrations of the drug in the body could be reached and maintained Plasma salicylate values of 400 µg per cubic centimeter could be attained by his method. In fact, Coburn behaved that values of 150 to 200  $\mu g$  , easily attained by oral administration of salicylates, while providing relief from the acute symptoms of rheumatic fever, failed to halt the progress of the disease He contended that serum salicylate values of 350 µg per cc or more must be maintained if the "rheumatic reaction" was to be Protocols of his small series of cases held in check furnished some remarkable results, especially the rapid resolution of the acute phases of the disease, as judged by the quick return of sedimentation rates to normal and the sudden disappearance of clinical Many are not in accord, however, with his thesis of the early curtailment of the damage inflicted by the "rheumatic reaction." It has been pointed out that sufficient time has not elapsed to judge This is fairly the results of Coburn's treatment particularly true in regard to the incidence of mitral heart disease, pericarditis, and pancarditis, common aftermaths of acute rheumatic fever

Large amounts of salicylates cannot be given with-

out careful clinical observation of the patient Deaths and severe complications from salicylates have been recorded 2 Patients should be questioned concerning any sensitivity to salicylates before the drug is given. The appearance of tinnitus, vertigo, deafness, nausea, or other symptoms should indicate the cessation of further administration of the drug Hypoprothrombinemia has been reported to follow salicylate therapy, some have found that adequate amounts of vitamin K' will protect against this contingency

The whole problem of salicylate into acation was recently studied by Fashena and Walkers after their attention had been drawn to the subject by the observation of a patient with salicylate poisoning. They studied 6 children, to whom they gave large amounts of sodium salicylate by mouth every four hours Blood salicylate levels of 350 µg per cc were maintained throughout the study Prolongation of prothrombin time was found in every in-

stance

Rheumatic fever often is accompanied by a widespread vascular damage, thus increasing the hazards of hemorrhagic complications after salicylate When adequate amounts of vitaadministration min K are given with salicylates, much of the danger of these complications may be prevented Possible hazards in the administration of salicylates should be remembered, so that unnecessary dangers may be avoided -J A M A, Feb 24, 1945

#### MEDICOLEGAL CONFERENCE AND SEMINAR TO BE HELD IN BOSTON

The Department of Legal Medicine of the medical schools of Harvard, Tufts, and Boston University, in association with the Massachusetts Medico-Legal Society, will present a six-day program of lectures, conferences, and demonstrations having to do with the investigation of deaths, in the interests of public safety, from October 1 to 6 in Boston.

Attendance during five of the six days of the course will be limited to fifteen persons who have registered in advance On October 3 the program will be open to any physician, lawyer, police official, or senior medical student who may care to attend

Further information may be obtained from the secretary of the Massachusetts Medico-Legal So-

ciety, 25 Shattuck Street, Boston

<sup>&</sup>lt;sup>1</sup> Coburn, A F Bull. Johns Hopkins Hosp 73 435 (Dec ) 1943

<sup>&</sup>lt;sup>2</sup> Ashworth, C T, and McKemie, J F JA,MA. 126 806 (Nov 25) 1944, Troll, Mary M, and Menten, Maud L.

<sup>7</sup> Link, K. P., Overman, R. S., Sullivan, W. R., Hueber, C. F., and Scheel, L. D. J. Biol. Chem. 147, 463 (Feb.) 1943

Meyer, D D, and Howard, Beryl Biol & Med 53 234 (June) 1943 Fashena G J, and Walker, J N Proc Soc Exper

Am J Dis Child. 68 369 (Dec ) 1944.

#### AN INSTRUMENT FOR ADULT CIRCUMCISION

ARTHUR J PHILIP, Lt (MC), USNR, Rockville Centre, New York

INSTRUMENTS for facilitating circumcision as varied as mechanical ingenuity permits. The instrument used for infant circumcision (popularly known as the Gomco clamp) is excellent and is the ideal method of performing this operation during the first month of life, chiefly because individual variation in size of the glans and prepuce at that age is negligible.

However, among young adults such as are seen in the Naval service, variations in diameter of the glans and length of the prepuce occur with almost as much frequency as are seen in height and weight tables, yot all are within normal limits. For this reason, the cup-and clamp method, wildch is very satisfactory, cannot be used except on a limited number of adults who fall into definite norms as regards the length and diameter of these organs. Therefore, it is felt that a new and botter method of performing circumcision must be sought. The purpose of this paper is to describe an instrument to facilitate circumcision in adults.

The instrument is quite simple—so simple, in fact that it was made aboard one of our ships in two hours. It is made of stainless steel and consists of two parts, male and female halves, which fit together by means of a tongue-and groove shde and is easily taken npart for cleaning and steriling. Assembled, the over-all length is 8 inches, the width at the widest part, the handle, is 2½ inches (Fig. 1)

The patient is prepared as for any circumcision. Anesthesia is obtained by infiltration of the skin and mucosa of the prepuce with 2 per cent novocaine. About 8 cc. is required for anesthesia of both layers.

The prepuce is grasped by two mosquito clamps on its dorsal edge, and a dorsal slit is made to a point just proximal to the corona. The instru ment, partially opened, is then slipped into place, the female part of the clamp between the glans and the prepuce, and the male half outside the prepuce, and is adjusted so that the curve of the instrument follows the curve of the penis. The clamp is then closed by pulling the handles together, in this way compressing half the prepuce The redundant prepuce is removed by scissors, leaving a cuff of both skin and mucosa about 1/s inch long extending beyond the edge of the clamp A running catgut suture then approximates these edges, and the clamp is removed. Using the same instrument, the other half of the foreskin

is removed and sutured in a similar manner, thus completing the operation.

In about thirty-five circumcisions done by this method, no hleeding has been encountered, probably due to thrombosis of all the blood vessels caught between the laws of the clamp. There has been a minimum of pain, requiring very little anesthesin (6–9 cc of 2 per cent novocaine) due to pressure anesthesin produced by the clamp. A smooth line of incision is possible because scissors are used throughout with the laws of the clamp acting as a guide line for the amputation. The clamp is applicable to any size penis and is in no way interfered with hy phimosis, paraphimosis, or adhesions between the glans and the prepuise.

The advantages of this method of circumcision may be summed up as follows (1) neater field—the clamp acts as a guide in the amputation of the prepuce, resulting in an even operative line, (2) complete hemostasis—this is due to the pressure of the clamp, which is not removed until the repair has been made, (3) absence of pain—this is due to pressure anosthesia produced by the clamp (4) rapid postoperative healing—edema is at a minimum and, because of the lack of distortion of tassies by the small amount of anesthesia required, healing is rapid. The patients on whom this clamp has been used have uniformly been returned to light duty in twenty hours and



Fig 1 Instrument partially closed

#### RADIOGRAPHY IN RIB FRACTURES

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(From the Department of Roentgenology, Hospital for Special Surgery)

✓ ISAPPREHENSION as to the value of and L indications for roentgenology in cases of rib fracture or suspected fracture seems wide-The situation is similar to that which existed until all too recently in head injuries, when it was the custom to speed the patient to x-ray examination, regardless of the peril to the patient and without realization that diagnostic roentgenograms are often not obtainable in a patient in shock, coma, or delirium The truth of the matter is that x-ray examination of head injury, unless complications are suspected, should not be undertaken while the patients are in senous condition because (1) the examination constitutes a hazard to the patient, (2) the proper treatment is not dependent on the x-ray findings. and (3) the x-ray findings under these conditions Later examination, when the are unreliable condition of the patient is good, is very much more accurate Published papers on this sublect, such as those of Mock, have done much to clarify the situation with regard to head injuries

Similarly, in rib injuries, unless extensive injury or complications are suspected, the sensible approach is to treat the patient for his injury, and then, approximately six weeks to three months later, if for medicolegal or other reasons a precise diagnosis is desirable, examine him The reasons back of this radiographically recommendation are much the same as those pertaining to head injuries (1) early examination, though not actually a hazard to the patient, is an unnecessary annoyance and discomfort to him and frequently delays institution of treatment, (2) proper treatment is not dependent on the x-ray findings, and (3) the findings of early x-ray examinations are extremely inaccurate, while those of later date are very much more reliable

This third point needs further elucidation. A recent rib fracture without any displacement is usually visible in a roentgenogram only if the rays happen to be directed parallel, or nearly parallel, to the fracture surfaces. Consideration of the shape and course of the ribs makes it evident that the potential diversity of the direction of rib fractures approaches the infinite. Since the common practice of radiologists in rib fractures is to limit the examination to films taken from between one and four different angles, de-

pending upon the thoroughness of the examiner, the chances of showing all or any of the fracture lines by even the more conscientious examiners are well expressed by the ratio of 4 infinity

Between six weeks and three months, roughly, after rib fractures, these usually become rather clearly demonstrable radiographically because of reparative changes which have occurred. These changes are localized osteoporosis about the adjacent ends of the fragments and/or callus formation.

This discussion of theory is well borne out in actual practice. It is a common experience to find no rib fractures in examinations shortly after injury, and then in subsequent examinations after reparative changes have taken place to reveal one or many fractures. And review of the original films, although they were technically good, often fails to disclose fracture lines, even when one knows from the later films exactly where they are located

When, therefore, a radiologist reports on an examination following recent chest injury "no evidence of rib fracture" (which is as far as he can go), that means exactly what it says and no more—that no fracture is visible. Never should the erroneous connotation be read into the report that no fracture exists. But much greater reliance can be placed on negative findings in an x-ray examination some weeks later.

#### Summary

1 In recent rib injuries, as in recent head injuries, early x-ray examination is not indicated unless extensive injuries or complications are suspected

2 This is because (a) early examination causes unnecessary discomfort to the patient and delays institution of treatment, (b) proper treatment is not dependent on x-ray findings, and (c) x-ray examination in recent undisplaced rib fractures in many cases, and probably the majority, fails to show the fractures

3 X-ray examination approximately six weeks to three months after the injury, after reparative changes have taken place, discloses the fractures

4 Negative x-ray findings in recent possible rib fracture cases mean very little Such a report several weeks later is much more reliable.

<sup>1</sup> Mock, Harry E Radiology 41 527 (Dec.) 1943

lation in the wall of the gallbladder, subsidence of symptoms is usually apparent within three days and delay is justified. If, on the other hand, at the end of that period there is mereasing leukocytosis with the development of a palpable mass and increased tenderness and rigidity of the abdominal wall, the progness will become more grave with each day of delay.

The danger of bacterial peritonitis is very slight but the chemical peritonitis caused by a massivo lealage of bile is an extremely serious complication In bacterial infection, if the gallbladder can be removed with secure limition of the cystic duet and artery, the protective powers of the peritoneum, which are at their height after two or three days of the disease, are adequate to overcome any infection of the peritoneal cavity provided the peritoneum and fascia are closed without drainage. The removal of the obstructing stone is extremely important, and this is more easily accomplished in the delayed operation. Cholecystostomy with the cystic duct obstructed is almost always followed by a mucocele and chronic sinus unless the obstructing stone is removed

Omental adhesions to the gallbladder occur early in the disease, but during the first three days they are easily stripped off and do not interfere with the performance of cholecystectomy. Later they become firmly implanted and frequently completely bury the gallbladder, rendering the exposure of the cystic duct much more difficult. At operation performed late in the disease such adhexions always surround a gangrenous gall-bladder and in such cases it is safer to expose the fundus only enough to open it at the most accessible point, remove the stones with scoop or forceps, and macrt a drainage tube into the gall-hladder. In this event a large cigarette drain should be passed beneath the gallhladder to allow the escape of bile which may leak through the purse-string suture surrounding the tube.

Exceptional cases will require divergence from these principles but in general it seems to be agreed that the dividing line between early and late operation is roughly the end of the seventy two-hour period following the onset of acute symptoms. This, of course, does not apply to ordinary gallstone colic but only to those cases that develop the symptoms of acute inflammation.

If the surgeon desires to watch the progress of the disease for three days, he should employ that tune to fortify the patient by adequate fluid intake including the intravenous administration of glucose. Even those surgeons who decide that it is better to operate as soon as the diagnosus made should realize that no case is so urgent at the onset as to prevent all the necessary procedures to overcome dehydration, impaired heart action, or any other condition which may in crease the danger of operation

#### Buffalo-New York Train Schedule

IN COMPLIANCE with Office of Defense Transportation Order No 53, sleeping-car service to destinations 450 miles or less from the point of origin have been discontinued. A fast afternoon train between Buffalo and New York, stopping at Harmon, Albany, Utica, Syracuse, and Rochester, has been placed in service to substitute for sleeping-car service. This train does not carry passengers for Harmon. The schedule is as follows.

Leave New York		3 45 PM	Leave Buffalo	4 00 гл
Harmon		4 36 P.M.	Rochester	5 11 P.M
Albany		6 25 P.M.	Syracuse	0 40 р.м.
Utica		8 09 P.M	Utica	7 33 рм
Syrucuse		9 05 P.M	Albany	9 20 р и
Rochester	1	10 31 P.M	Harmon	11 14 р.м
Arriva Ruffalo		11 45 PM	Arrive New York	12 10 a.m

#### TREATMENT OF ACUTE CHOLECYSTITIS

GEORGE W COTTIS, M.D., Jamestown, New York

THE treatment of acute cholecystitis is probably the most controversial subject in presentday surgical literature There is no difference of opinion regarding the treatment of gallstones Surgeons are generally agreed on two theses First, the presence of gallstones is an indication for operation, even in patients having few or no symptoms If this rule were universally carried out there would be no controversy about the serious complications of cholecystitis, empyema and perforation of the gallbladder, common-duct stone, and hepatitis, because they would no longer occur Second, the removal of a noncalculous gallbladder is almost always a useless and unjustified operation, except in the case of ty-Radiographic nonvisualization phoid carriers is not in itself an indication, it may signify only a poorly functioning liver

The debate centers on the question of when to operate for acute cholecystitis. Some extremists insist that operation should be performed at the earliest possible moment, while others declare that no operation should be performed until the acute stage has passed. Another, and perhaps the largest, group follow a middle-of-the-road policy, treating each case as an individual problem.

Considering the great number of patients treated for this condition it would seem that sufficient data must have been accumulated to settle the matter on a statistical basis. Such is not the case McGuigan, in a recent admirable review of the subject, points out that Heuer, who advocates early operation, reports a mortality of 21 per cent unless perforation has occurred prior to operation, in which case it was 125 per cent, while Taylor reports a mortality of 5 per cent in patients operated upon during the first four days and 24 per cent thereafter In contrast to these figures McGuigan's analysis of 123 cases treated at the Hazleton State Hospital reveals a mortality rate of 12 7 per cent in patients operated upon within seventy-two hours of onset and 23 per cent in those operated upon after that interval

The literature is full of such contradictory statistics. The explanation is probably that different writers have different conceptions of what constitutes acute cholecystitis, and also that there is a variation in their preoperative and postoperative treatment and in their operative procedures. For example, a surgeon who considers every case an emergency and who operates without first adequately fortifying his patient

should have a higher mortality than another who reports as an "early" operation one that is performed after two or three days preoperative preparation

Protagonists of early and of delayed operation have equally plausible arguments for their respective stands As a reason for early operation it is said that acute cholecystitis is similar in its courseand pathology to acute appendicitis and that delay in operating allows the development of empyema, gangrene, and perforation with resulting peritonitis Those who favor delay point out that the acutely inflamed appendix is much more likely to progress to perforation than is the acutely inflamed gallbladder Also, in nearly all cases perforation of the gallbladder occurs only after a period of several days, during which time protective adhesions nearly always are formed, thus limiting the infection to a localized abscess Another argument is that cholecystectomy is more safely performed after subsidence of the inflammation, whereas cholecystostomy must be more often the operation of choice when the walls of the gallbladder are edematous and highly vascular, as they are during the acute stage There is reason in both arguments, and experienced surgeons will recognize their validity while adopting whichever procedure their own experience causes them to favor

Younger surgeons who study the literature of the subject may easily be confused when they discover that equally good authorities are expressing opinions which are diametrically opposed to each other

The average surgeon will find it easier to treat each case on its merits if he has been impressed with the following basic facts Acute cholecystitis is nearly always a result of obstruction of the cystic duct by a stone Theoretically, metastatic infection may occur but in actual practice it is almost nonevistent The mechanism is the same as that of acute appendicitis, which is also nearly always a sequel to obstruction of the lumen When the cystic duct is obstructed, the secretion of mucus increases the hydrostatic pressure within the gallbladder with a resultant slowing of the capillary circulation in the mucosa The resultant diminution in oxygen supply invites bacterial invasion If the stone is in the cystic duct instead of in Hartmann's pouch, pressure on the cystic vessels may shut off the circulation in the gallbladder wall and it is in these cases that gangrene and perforation occur

If there is no great interference with the circu-

<sup>&</sup>lt;sup>1</sup> McGuigan, Walter J Am J Surg. 68 219 (1945)

of spinal anesthesia. Other methods to produce satisfactory relaxation are in daily use. At this time there exists no ideal drug or technic for producing inscasibility. There are imperfections as

well as advantages in every mothod of anesthesia. A certain amount of healthy discontent with the means now at hand provides the proper incentive for seeking new and safer anesthesia.

#### SUDDEN ASPHYXIAL DEATH

Asplyxial death is usually sudden. A boy goes out to swim too soon after a big meal, is seized with "cromps," drowns alone, or if pulled ashore falls to rally. Firemen or police come with a "resuscitation is not necemplished. One sometimes wonders why n physician is not called. Has the public lost confidence in our ability to revive an asphymated person? Of course, the glamor of the police or fire wagon is appealing and spectacular, while the physician must work quietly without fanfare. The mechanical contrivance has saved an occasional life, but it is common medical opinion that it may do more harm than good, because its use is not based on an understanding of the causes of asphyxia, such as a blocking of the lower arrways by a foreign body, or failure of the repliratory center in poliomycluta. In any case, immediate action is called for, but this must be based on a thorough knowledge of the art of resuscitation How many physicians are prepared to carry out all the intricate details of his art?

In 1933 an article was published in the American Journal of Surpey entitled "Asphyxial Death a Professional Diagrace." Out of the interest it aroused the Society for the Provention of Asphyxial Death was incorporated, with its founder, Dr Paluel J Flagg, as president-director. The necessity for research and for the dissemination of knowledge to all physicians, nurses, hospitals, and public health agencies was promptly recognized by most county, state, and other medical societies. The American Medical Association appointed a Committee on Asphyxia in 1937 and every professor of obstetrics who could be found was circularized. Some axty-three medical schools replied, but little came of the new movement. In 1939 it was revived by Surgoon General McIntire when he opened a department of pneumatology at the World's Fair, but the impetus again soon died out chiefly because instructors endered without remuneration. "No funds" was the phrase heard in most hospitals.

The Children's Bureau, in Washington, and the director of maternal and child welfare responded, but again there seemed to have been no funds which could be allotted to this great enterprisa. All forty-eight states were informed of the need fifteen responded. Even today after ten years of effort, many physicians and institutions seem to know little or nothing of either the need or the methods of reviving the applymated. Dr. Flagg is asking some pertinent questions: Of the general practitioner be is inquiring, What treatment do you advocate for the various stages of asphyxnia. Of the nurse, How would you treat a case of asphyxia if left cutively alone with such a problem? Of the bespitals, Whom of your staff would you call as an "expert" in a case of asphyxia in the operating room or in the accident room? What is your routine in carbon monoxide poisoning, electric shock, clemined gas possoning, shock from total submersion asphyxia neonatorium, acute respiratory failure in pollomyeli tas?

What routine is followed in an ear and throat postoperative patient who shows agas of asphynna after being put back to bed? Of medical school officers he would like to know what instruction as given to students if they were called on to revive an arphydiated person, other than the Schafer or the Silvester method? How many can use an electrically lighted laryngoscope or remove a foreign body by direct vision? of firemen and policemen What etages or degrees of asphydic can you mon recognize? Give the treatment you would apply other than mechanical. Impending death from asphydia is of immense importance. Why then is so little known about it among 'general mon? Answer They have never been taught.

In order to raise money to do just this, Dr. Flags has a plan whereby anybody who lost a son in this War may buy a twenty five dollar bond, and offer it or its equivalent to the Society for the Frevention of Asphynial Death to develop a fund, the proceeds from which may be used to instruct doctors, nurses, and other medical personnel in the art of resuestation. Certainly the need is great, we hope the "plan" will work enormous good to a great host of unfortunate persons about to die from asphysia of whatover kind. They can be saved they must be saved. The method is at hand. Only wide distribution of the method is needed, but it will take money to do it.—If Rec. Dec. 1944.

situation obtains for cardiac muscle, which, like the brain, exhibits little tolerance to oxygen want. It has been suggested that certain instances of coronary occlusion occurring many months after operation may be related to an episode of hypotension during the course of the previous anesthesia. If only because we are as yet incompletely aware of all the dangers incurred by a period of artificially induced hypotension, it should be regarded as a potential hazard

A great many evaluations of spinal anesthesia or any other method of anesthesia are based on Most of these reports utilize a wellestablished, fairly uniform method of analysis. that is, a variable number of cases in different age groups undergo one of a series of operations with spinal anesthesia obtained with a specific agent administered in a certain manner Results are tabulated showing the number that recovered, died, or developed pneumonia or bladder disturbances, and so forth These statistics do provide very valuable facts and are still one of the best ways to appraise any therapeutic method But because so many variable factors enter into any such analysis, it is evident that conclusions drawn from them vary and are often diametrically opposite

Without resorting to one of the usual verbal quips about the worth of statistics, this essay has, as previously mentioned, another objective—It is not concerned with the percentage incidence of complications, but rather, by adopting the dictum of safe passage for the patient to the remotest possibility, it is concerned with complications associated with spinal anesthesia, whatever their incidence

Many doctors feel that eliminating the lungs as the site of entrance of the anesthetic agent into the body is a great factor of safety in removing that organ as a nidus for postoperative complica-Conditions predisposing to respiratory tions sequelae are many, and the incomplete ventilation from intercostal paralysis due to high spinal anesthesia is one of them Among other causes are previous condition of the lungs, site of operation, duration of operation, and season of the Respiratory complications occur after operation with or without anesthesia To rely on the premise that there is a significant difference in their frequency when the anesthetic drug is introduced via the subaraclinoid space or via the lungs engenders false security not in accord with recent data

In further criticizing spinal anesthesia, it is necessary to identify those of its sequelae peculiar to it alone, complications which, regardless of their frequency, do not occur when other methods are used

Headache, or "spinal headache," as it has

come to be known, is one complication in this category. There are, broadly, two types. The first, with which the anesthetist is more familiar, is of the annoying variety which is short-hived and clears spontaneously, early during convalescence. A more serious, though fortunately less frequent, type is the one with which the surgeon is more concerned. Such headache persists for long periods well beyond the time after which the patient should ordinarily be completely well. This unfortunate disability, for which there is no adequate treatment, is noted in every surgeon's case records. Any patient so plagued by headache can ably testify to its incapacitating nature.

More distressing than headache are the few instances of bladder paralysis that follow spinal anesthesia. This does not refer to the temporary urmary retention or incontinence that not infrequently may be seen on any surgical ward. But there are occasional episodes of prolonged complete urmary dysfunction, the serious implications of which need no elaboration.

Lumbar puncture may not be an entirely innocuous procedure. It is imputed to be one
causative factor in herination of the nucleus pulposus, resulting in destruction of the spinal intervertebral disk. This diagnosis is being made
with increasing frequency, and when the past
history includes a spinal anesthetic the burden of
proof reverts to it. Purulent meningits and
ascending myelitis have been reported following
spinal tap for diagnosis and anesthesia.

There are several irritative phenomena ascribed to the presence of a local anesthetic drug in the subdural space One such is aseptic meningitis or meningismus, which creates an alarming early postoperative picture Another is sixth cranial nerve palsy Various instances of arachnoiditis are attributed to spinal anesthesia One of these is progressive in nature, causing extensive adhesive constriction of the spinal cord Other nonspecific injuries to the spinal nerves or the coverings of the cord may be the cause for the fairly common incidence of paraesthesias and muscular weakness that patients experience in varying degrees long after they are up and about

Of late, there has been much expressed concern with the neurologic sequelae of spinal anesthesia. Their increased incidence in the literature more likely bespeaks greater awareness than an actual increased occurrence.

The enumerated defects of spinal anesthesia do not automatically spell its doom. But its imperfections must be weighed against the advantage of abdominal relaxation in selecting it or another anesthetic procedure for the individual patient. The benefits of relaxation are only relative and they alone are not cause enough for the popularity

responsibility for providing safe passage. Other characteristics peculiar to epinal anesthesia must be appraised and weighed against the relaxation for which it is hailed. It is the total cost to the patient which must be pendered, and from this in balance must be struck. Here, then, are some of the factors which must be placed on the negative side of the scale.

A patient undergoing operation during epinal anesthesia retains his conscious etate. There are few individuals so stolid that they do not regard surgical treatment upon themselves with considerable apprehension. And to be aware of the nctual procedure, even though insensible to pain, is all too often unnerving. Minutes spent on the uncomfortable operating table without the liberty to change the position of cramped muscles seem interminable and do not favor a placed mental The simple experiment of voluntarily lying on the operating table in the Trendelenberg position for a short interval, even without the prospect of being operated upon, results in intense discomfort. A psychogenic factor in predisposing to surgical shock is n very real thing Much of this may be overcome by the preoperative administration of depressant drugs. adequate sedation too often entails excessive dosage with opiates or barbiturates, which of itself is undesirable. The element of consciousness must be considered a defect of spinal anesthesia, if only because of the prevalent practice of rendering the patient unconscious with some other anesthetio drug during spinal anesthesis.

The technic of spinal anesthesia lacks a certain fineness of control, even in the hands of the skilled and experienced anesthetist. Once instituted, spinal anesthesia cannot be discontinued rapidly, should any untoward incident so demand During such circumstances, the anesthetist can only resort to limited and not completely effective means which minimize the side effects of the procedure but which do not eliminate the anesthesia per se. No one can unequivocally guarantee the extent and duration of spinal anesthesia. These can only be approximated Fortunately, from a practical aspect, the level of anesthesia usually attained is higher rather than lower than that required for a specific operation This tends to minimize the fact that many patients undergo appendectomy with anesthesia extensive enough for cholecystectomy or undergo cholecystectomy with anesthesia extensive enough for thoracoplasty or even thyroidectomy Almost always, the completion of operation does not coincide with the termination of spinal anesthesia, which, of its own accord, "wears off" gradually in the early postoperative period. The reverse is, perbans, the more serious limitation of the method Often, for unpredictable reasons, the surgeon may require more time for the operation than he at first estimated. Furthermore, individual patients show extremely variable time differences in the extent and duration of anesthesia when given identical doses of the same anesthesia when given identical doses of the same anesthetic drug. When this occurs, anesthesia may "wear off" and become inadequate before the operation is nt an end. It is true that new agents, equipment, and the continuous technic have mitigated considerably this lack of control over spinal anesthesia. But these distasteful features of spinal anesthesia, even with new drugs and equipment, still have not been eliminated and must be considered in defect of the method.

The recent war years have seen a tremendous interest and concern with the pathologic physiology of trauma and hemorrhage While much of such knowledge is confusing and is yet to be completely catalogued, many critical impressions have been formulated and strengthened One of the most significant of these is that the body reacts to injury to preserve itself by calling upon certain protective or compensatory physiologic mechanisms. These interrated functions are widespread and mediated via the autonomic It is logical to assume that norvous system anything which interferes with this reflex activity can seriously handicap the surgical patient. Con comitant with the sensory and motor loss, spinal anesthesia results, normally, in sympathetic nervous-system paralysis to the lovel of anesthesia. Spinal anesthesia, therefore, eliminates compensatory sympathetic mechanisms in the anesthetized region For the moment, it is unimportant to identify the exact site of the vascular paralysis—whether it is central, arteriolar, or postartenolar in nature. What is important is the fact that peripheral vasomotor insufficiency Following spinal anesthesia vascular occurs hypotension is frequent, circulation time is greatly prolonged, venous return to the heart is decreased, and cardiac output may full Sympathotic nervous system paralysis and the interference with compensatory vascular activity it en tails must be considered a defect of spinal anesthesia for major surgery

One of these vascular changes, hypotension, ments epecial monton. Of the enterna for cuculator, depression, in fall in blood pressure is perhaps the most readily measured chinically. This occurs with such frequency that many surgeons and anesthetists seem to regard the phenomenon with equanimity and as an integral part rather than in complication of spinal anesthesia. Induced bypotension certainly produces some degree of cerebral anemia and its resultant hypoxia. Lesser degrees of cerebral bypoxia though not immediately apparent, are becoming a growing cause for concern. A comparable

#### IMPERFECTIONS OF SPINAL ANESTHESIA

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THEN, in 1885, Corning injected cocaine into the spinal canal, he touched off a controversy which keeps growing with the passing vears It is wholly unlike the century-old debate as to who was the first, successfully, to utilize the anesthetic properties of ether and nitrous oxide, an argument reserved for historians and committee resolutions The controversy over spinal anesthesia is argued daily in operating rooms all over the country Its merits and demerits are hotly disputed by all manner of physicians, by both the leaders and the rank and file The internist has his leanings, so has the neurologist, the surgeon, and the anesthetist eager to present his evidence Convictions are many, converts are few

For the most part, the applications of spinal anesthesia are the daily province of the anesthetist and surgeon working in harmony, and both would certainly agree that it is the patient's welfare that is of paramount importance. Though the doctor's convenience and habits are important, since they ultimately also affect the patient's well-being, they must be considered of secondary significance in any discussion of anesthetic management.

When it is granted that the method of anesthesia is rational only when it is suited to the patient, the case for or against spinal anesthesia may be argued, perhaps, with greater clarity. One cardinal aim of medical anesthesia is to fashion it to each patient's needs, as opposed to the Procrustean attitude of fitting the individual to a fixed pattern of anesthesia. Spinal anesthesia has both its staunch enthusiasts and its bitter critics. No single dissertation can resolve the contention with any finality. However, since "spinal" is a chronic topic for discussion, it might not be amiss to restate some of its deficiencies as one effort to evaluate it

The past two decades have witnessed tremendous strides in the development of the entire field of anesthesia. This progress has exhibited two major trends. First, there has accumulated new knowledge of anesthetic drugs—their actions, their effects on body function in both normal and disordered states, and, most important, the significance of these effects on the integrated activity of the entire human organism. Second, there have occurred an evolution and refinement of anesthetic technics utilizing new principles, drugs, and equipment. One result of this growth has been

that the proficient practice of anesthesia has come to include both this new knowledge and the experience and dexterity required to use modern equipment. A well-trained anesthetist, (and the surgeon should be aware of this) has many ways to make use of this equipment.

Rendering a patient insensitive to pain so that surgical procedures may be completed is essentially adjunctive therapy, that is, anesthesia of itself does not cure but makes treatment possible As such, it might be termed a necessary evil This by no means implies that anesthesia is cast m a disparaging role, for a moment's consideration reveals not only that most of the surgical performance is utterly dependent upon narcosis, but also that much of the present highly developed state of surgical practice stems from the parallel progress in anesthesia However, since pain relief does not heal, it cannot be allowed, within the physician's capabilities, to jeopardize the patient's recovery and well-being, even to the most remote possibility

In contrast, the very nature of surgical treatment for disease or dysfunction implies the assumption of a calculated risk. This fundamental difference in concept is no mean burden for the anesthetist's conscience and allows him but little leeway to wield the potent weapon of anesthesia Come what may, anesthesia, within extremely narrow margins, must guarantee the patient safe passage through the surgical journey This journey starts before the patient enters the operating room and it is not concluded until long after he leaves His doctor must examine and evaluate each part of the trip and guide the patient's course accordingly The cost, to the patient, must be kept uniformly low for the entire passage

One characteristic of spinal anesthesia stands out above all others. The excellent muscular relaxation it affords is its greatest attribute, and not without reason. For the relaxation of spinal anesthesia is the surgeon's joy and renders his task the more feasible. It cannot be denied that this is, at the same time, a valuable service to the patient. Spinal anesthesia, in bringing about a flaccid abdominal wall, is also a great aid to the anesthetist, who thus almost invariably achieves an optimum operative field. In this regard, his task is rendered relatively simple

But securing a well-relaxed abdomen by no means completes the anesthetist's task or his  use is satisfactory only in a relatively small percentage of cases The results of various dosages of the mercurials have been studied by Modell. The use of aminophylline intravenously, followed one hour later by an intravenous mercurial, has been the subject of another investigation."

After a consideration of the xanthine and mercurial diuretics, there still remain a few other medications that may prove of value in an occasional unresponsive case. Urea in large desage, in the absence of advanced renal insufficiency. occasionally proves of value Bismuth-sodium tartrate in a dosage of 30 mg intramuscularly will at times produce a satisfactory and prolonged diuretic effect. The use of posterior pituitary hormone occasionally results in diuresis

Before concluding this discussion, other important mechanisms that serve to disturb water balance must be given hrief attention result of dietary restrictions anorexia, cardiac cachexia, or associated liver or kidney disease the level of serum protein may become depleted. It would be futile to direct treatment solely toward the relief of congestive failure and ignore the more important serum-albumin deficiency Stare and Thorn have called attention to the use of protein as a diuretic agent in the absence of asotemia. Similarly, when the wet type of beriber is the causative factor specific treatment with vitamin B<sub>1</sub> (thuamine) can accomplish a miracle carding complications of myxedema can be relieved only by treatment directed toward the printary cause. An occasional patient who has reached a state of chronic, irreversible heart disease and no longer reacts to usual treatment mays how marked improvement on parenteral vitamin-B complex, 1 cc. combined with 100 mg of thinmine hydrochloride intramuscularly daily. when this is combined with the former meffective treatment. Finally, it has been reported that the addition of magnesium sulfate to the mercurials may enhance their effect. 11

In closing it seems worth while to re-emphasize that a successful outcome in the therapy of cardiac dyspnea depends upon accurate diagnosis and the prompt recognition and treatment of any existing complications, as well as a knowledge of the rela tive importance of rest, sedation, digitalis oxygen, and salt restriction. The assistance that may be derived from acid-forming diets and acid medications, as well as the value of increased potassium intake, has been reviewed. The indications for mercurial diuretics have been emphasized and some reasons for their frequent neglect have been enumerated. The main purpose of this paper has been to encourage the more frequent usage of the mercurials in cardiac dyspnes, for by so doing the attending physician not only prolongs the life and comfort of his patient, but accomplishes in full measure the aims of all true physicians

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first thought when ordinary routine treatment fails to relieve congestion. It is commonplace to hear the statement that if the xanthines do not work, then eventually the mercurials will be tried. It is obvious that, facts to the contrary, the power of the mercurials remains unappreciated, while the importance of the xanthines has been considerably exaggerated.

This is only one of the many reasons for the general failure to make full use of the mercurial diuretics A common, unfounded belief is that the frequent use of mercury will cause kidney injury When one considers that full use of this potent drug is made by many, though not all,24 investigators and clinicians in the treatment of nephrosis and the wet stage of chronic nephritis. it is difficult to understand how such a misconception of its toxicity can remain so firmly established As with any other potent medication. certain precautions must be observed instance the presence of an acute nephritis, appreciable numbers of red blood cells in the urine, advanced chronic nephritis with marked renal insufficiency, or the failure to maintain a reasonable twenty-four-hour output (but not necessarily an increase over reasonable pre-existing output) This last consideration is of great importance, for it has been observed that nocturnal dyspnea has ceased to be troublesome, even when no increase in urnary output has appeared following the inlection of the diuretic The presence of albumin and occasional casts, so common in chronic passive congestion of the kidney, need never act to prevent the full use of the drug when the indications for it are present 35 So many authorities could be quoted directly to substantiate these facts that the reader can only be referred to the various articles noted 36-41

There are less important reasons for failure to make full use of mercurial diuretics. It is simpler to give the patient tablets by mouth than to use mjections The reports in the hterature of sudden death following the intravenous use of these substances deter some from more frequent recourse to them 34,42,43 Recently a similar article,44 reviewing mercurial diuresis and sudden death following intravenous injection, has appeared This report carefully summarizes the clinical and laboratory findings in three patients, and covers, presumably, all available material from a large hospital and private practice over a six-year Although the expressed purpose of the paper is to emphasize the danger of intravenous mercurial therapy, the statement is made that "Intravenous injection of mercurials should not be discontinued, but realization of danger of their use must ever be present" Hyman 45 discusses this important problem also and concludes, "The great boon of mercurial diuresis must not be withheld through these unfortunate technical reactions which are independent of the pharmacodynamics of the drug." In a similar vein Salzer has stated, "I fear the articles in question may influence the uncritical or inexperienced in the use of a most valuable drug—a drug which is truly remarkable when used in the proper cases, which by their very nature are inseparably associated with the possibility of sudden death." Many clinicians have had the experience of delaying an intravenous mercurial injection until the following day, only to learn that their patient had died suddenly at some time during this interval

Patients object to intravenous treatment, the spilling of the solution around a vein with resultant discomfort, the development of phlebitis in a frequently used vessel, difficulty in finding a suitable vein, or the occurrence of a rare localized abscess when the solution is given intramusculariv These conditions do not arise when xanthines are used Moreover, some patients, as edema recurs, tend to associate this condition with injection treatment and express the fear they are coming to be entirely dependent upon this medication Occasionally excessive diuresis with marked base and chloride loss results in weakness, prostration, or muscle cramps The financial drain of frequent injections may also act to prevent full cooperation on the part of the patient These statements present a fair cross section of the objections to the introduction and continued use of mercurial injections. It would appear that the relative harmlessness of proper usage of the mercurials cannot be overstressed This opinion seems reasonable, for to withhold this treatment until advanced right-sided failure with swollen lower extremities, engorged liver, ascites, and distended neck veins appear is analogous to withholding diphtheria antitovin until the patient is in extremis because a severe serum reaction has occasionally been reported

The action of the mercurial diuretics, while not completely understood, rests chiefly upon solid This action centers mainly upon the kidney tubules and temporarily inhibits their normal reabsorbing powers. Thus a larger quantity of the glomerular filtrate is available for excretion and the total kidney output is in-These preparations are usually given intravenously in amounts of 1-2 cc after a preliminary test dose of 0.5 cc to determine individual idiosyncracy They should be injected slowly, taking two to three minutes for the procedure Present-day mercurials may be injected deep into the buttocks and rarely cause severe pain or local reaction Suppositories are available and are useful to lengthen the interval between necessary injections Oral mercurial medication is now obtainable, but at present its cruseful to him in twenty years of wide experience. To those who instinctively distrust this drug let me quote. "Patients who suffer from long nights of insomma and from the torment of dyspine and cruses of asthma sleep like children once again after the first nijection or, at most, after the second or third one. Patients who have resisted digitalis rapidly recover under the action of ouabain. Its effect on nocturnal dyspinea in patients with cardine disease is comparable only to that of morphine."

Although the importance of exygen was mentioned above, and its therapeutic value is well recognized, it is occasionally difficult to reach a clean concerning its early usage. It is a clinical opinion that ordinarily the use of exygen is begun twelve hours too late.

After due consideration has been paid to rest, sedation, and some form of digitalis therapy, the importance of sodium restriction logically follows. The idea is prevalent that edema is due to retention of water alone We see patients who ask continuously for more liquid, but are kept on marked fluid restriction Yet there is excellent ovidence that plain water in the absence of base, chiefly sodium, not only will show no prerenal deviation, but that it netually may have a definite diuretle action 11-12 This action results from some of the fixed tissuo base being removed and passed out of the body with increasing urinary volume. Since this base is no longer available to bind water, more fluid is taken into the blood stream and this is added to the total urmary output.

The importance of sodium in binding water to the tissues in the form of a definite soliution. cannot be overemphasized. Occasionally, although table salt is greatly reduced in the diet, the patient uses salted crackers, soups, or pretief as baking sodia, alkaline waters, or some proprietary preparations often high in sodium content, are commonly used by the patient and never brought to the physician's intention. Sodium brounde for sedation is also contraindicated in these cases.

In addition to sodium restriction, its elimination is increased by use of the and forming drugs,
such as ammonium chloride. When this medication is given in sufficient amounts, in the presence
of good liver and kidney function, the ammonia
becomes converted into urea and the remaining
and radicle causes the release of fixed tissue salts,
again chlefly sodium. This action is necessary
to prevent the development of acidosis and to
keep the hydrogan ion concentration normal. It
should be noted that in the presence of marked
renal insufficiency and uremic acidosis the administration of acid forming drugs is contraindicated. Their action can be enhanced by the

use of a diet that results in a high-acid ash in the

Potassum chloride is used occasionally to combat edema. It is well known that alterations of sodium and potassium metabolism are intimately associated with disturbances of water balance and distribution as well as acid base balance." Most observers, 2 although not all, 31 agree that in the diuresis induced by potassium salts sodium is swept out With water binding sodium being eliminated in considerable quantity, it follows that more tissue fluid can be excreted and edema diminished Furthermore, as potassium salt is absorbed into the blood stream, the osmotic pressure of the plasma is increased and available interstatual fluid is transferred rapidly to the The unneeded potassium salts cannot re-enter the blood stream via tubular reabsorption, so they, as well as the water withdrawn from the tissues, are excreted with resultant increased urmary flow 13

It is interesting to speculate that if a control lable state of Addison's disease could be induced in congestive heart failure the excess sodium would present no problem. One of the findings in adrenal cortical insufficiency is that the patient stores potassium but excretes excessive amounts of sodium, with the development of a state of dehydration.

A consideration of the use of diuretics has been left to this point because an appreciation of their importance is paramount from the standpoint of the treatment of cardino dyapnes. The use of xanthines, such as aminophylline, theobromine sodrum acetate, and theocalcin often is valuable in cases of early pulmonary engorgement, but experience teaches that mercurial diuretics more frequently are the solution to this problem. The use of xanthines is time-honored, and they retain their present position mainly because of their priority in this field, as well as their comparative ease of administration. The full story of the action of the xanthines in relieving edema is not entirely known, but certain physiologic actions have been noted, 22 such as (1) an increased giomerular filtration due to the elevation of the intraglomerular pressure, (2) an increase in the number of the functioning glomeruli, (3) decreased tubular absorption, and (4) an increase in the noncolloid constituents in the blood

The use of mercurnal diuretics has grown steadily since their inception, and despite occasional criticism has proved to be one of the great advances in treatment of congestive failure since the general acceptance of digitalis. The great pity is that even today so many patients in despirate need of this therapy are still treated with xanthine medication. The profession has been xanthine-conscious so long that this is the

cardiac disease who suffer a more gradual onset of respiratory discomfort, often evidenced first by short, sudden attacks of nocturnal dyspnea, for whom the present-day physician has a splendid armamentarium at his disposal Frequently these patients first notice insomnia that fails to respond to the usual sedative medications patients, even when sleep can be induced, all too often tell the story that after two or three hours of troubled rest they awaken suddenly, have to sit upright or get up from their bed and pace the floor, but they rarely state that their breathing was difficult More often they attribute their awakening to an unpleasant dream, a sudden street noise, or a full bladder Failure to realize that early pulmonary congestion is the basis of this complaint will delay the introduction of proper therapy until advanced congestive failure is heralded by basal rales or the sudden onset of acute pulmonary edema 11

What, then, are the chief causative factors responsible for this condition? Aside from the acute conditions mentioned above we must concern ourselves mainly with the causes of left ventricular failure Primarily, hypertension with cardiac dilatation and cardiac hypertrophy up to the point of exhaustion of myocardial reserve comes to mind Other causes of left ventricular failure, with gradual pulmonary congestive phenomena, are seen in coronary arteriosclerosis with myocardial insufficiency, aortic stenosis and/or aortic insufficiency, arteriovenous fistula, and congenital lesions such as coarctation of the aorta, subaortic stenosis, and patent ductus arteriosus, a congenital type of arteriovenous Rarely this condition occurs due to a fistula traumatic tear in the anterior cusp of the mitral valve The onset of acute myocardial infarction, accompanied by left ventricular weakness and often peripheral circulatory failure as well, is seen frequently as another condition causing respiratory discomfort

In addition to the primary factors already considered one must not overlook various precipitating causes of heart failure. When these precipitating factors can be eliminated, the outlook for the future is decidedly improved. Acute respiratory infections and frequent nonproductive cough, the sudden onset of rapid heart action, grave emotional strain, marked physical exertion, a previously undetected anemia or avitaminosis, thyrotoxicosis, pregnancy, rapid increase in weight, longstanding overweight, or an unsuspected arteriovenous fistula may act in this capacity.

The rapid advance in treatment of cardiac dyspnea challenges the all-too-busy present-day physician. Unless his primary interest lies in the field of cardiology or he has had sufficient free

time to follow the rapid advances in our literature, the plight of the unfortunate patient remains no better than his predecessor of ten years previously. Unless care is exercised in interpreting the early symptoms expressed by the patient and prompt use is made of all the present-day refinements in treatment, the patient, like the Allies of earlier years, will be offered too little and that little often too late

#### Treatment of Cardiac Dyspnea

Although the aim of successful treatment of cardiac dyspnea is to eliminate pulmonary congestion, there is no feature of the existing cardiac pathology that can be safely ignored Rest for the cardiac patient is at present a topic much under discussion 12-14 The judicious use of various sedatives, morphine, or pantapon by hypodermic for a few nights, often gives the dyspners patient the first real rest he has had for some time and occasionally proves to be the turning point which may alter a previously pessimistic It is only when other important methods of treatment are neglected that the use of narcotics becomes a serious problem Chloral hydrate, 15 sometimes considered contraindicated in cardiac disease, apparently has a large safety factor, and no hesitation concerning its use should

Digitalis today occupies the same pre-eminence that it has held since the work of Withering established its efficacy in the treatment of heart disease 16 The investigations of Eggleston 17 and of Pardee18 as well as of Gold and DeGraff19 served to furnish a definite procedure and a satisfactory means of administering this potent While nausea, vomiting, anorexia, medication yellow vision, and slow pulse are usually mentioned as the cardinal signs of digitalis intoxication, if there is uncertainty regarding its presence,20 one must look for frequent extrasystoles and various electrocardiographic changes as well A gradually rising pulse rate that may tempt the physician to increase the dosage may continue to accelerate until ventricular paroxysmal tachycardia or ventricular fibrillation results in death from digitalis intoxication The indications for the use of digitalis are clearly defined by White 21 Christian's contribution of its value in the treatment of chronic noninflammatory myocardial changes without associated valvular disease finds many followers 22 Today there are several brands of the purified derivative, and the intravenous use of cedilanid in emergencies is routine in certain clinics The use of ouabain (Arnaud preparation) has been carefully described by Chavez 23 He contrasts the action of this preparation with digitalis and summarizes the special cardiac conditions in which it has

#### CARDIAC DYSPNEA AND ITS TREATMENT

MAURICE A DONOVAN, M D, Schenectady, New York (From the Department of Cardiology Ellis Hospital)

RESPIRATORY distress, the common denominator of many serious cardiae ailments, should be well understood by the attending physician Failure to utilize fully the assistance that present-day therapy can render the dyspineir cardiae patient appears to be a prominent defect in the management of congestive heart disease. It has been estimated that at least one third of the patients referred to heart specialists for treatment would not have required such reference if adequate medication for cardiae dyspines had been employed originally <sup>1</sup> It is with this thought in mind that a review of this problem is being undertaken

Before proceeding with the consideration of cardiac dyspnea, it would appear wise to devote some attention to breathlessness of noncardino origin It is obvious that respiratory distress from this source cannot be expected to respond to many of the measures employed to treat cardiac dyspnea Exertional dyspnea is frequently seen when the basal metabolic rate is considerably increased, as in pregnancy, loukemia, hyperthyroidism, and fever The same problem often arises in grossly obese patients. Reduced oxygen in the available air at high elevations, a frequent military aviation problem, or with temporary residence at a high altitude, may result in respiratory symptoms. Any of the causes of acidosis will result in increased stimulation of the respiratory center. Hysterio stigmata are sometimes demonstrated in abnormal respiratory reactions, and certain forms of organic cerebral disease occasionally cause respiratory signs Marked grades of anemia of various types frequently cause pulmonary distress

Various pulmonary diseases, from acuto respiratory infections to lung tumors, as well as mediastinal pathology, are of importance from the standpoint of differential diagnosis. It has been noted that heart disease and asthmatio bronchitis are both prevalent conditions, and that the two findings are frequently present in the same patient. Thus, one must carefully examine the patient and make the proper interpretation of the respiratory problem. Levines gives a clinical picture of some different types of respiratory findings and clearly differentiates cardino from pulmonary signs.

A brief consideration of the pathologic physiology of cardine dyspines will serve to throw further light on this problem. It was noted by observant clinicians over two hundred years ago that pulmonary congestion was probably responsible for cardiac dyspnea 4 The importance of oxygen deficiency or carbon-dioxide excess in the circulating blood and its effect on the action of the respiratory center cannot be demed, but it has been shown that these stimuli are of less importance in cardiac disease than many have supposed As a better understanding of blood chemistry evolved it was natural that the effect of hydrogen ion concentration on the respiratory center and its relation to dyspnes should be investigated While there may be rare instances in which this may result in abnormal breathing in cardiac disease, acidesis more often is of secondary importance and a concomitant of some separate complication . Harrison and his associates have pointed out the importance of nervous reflexes originating in the engorged lungs and mediating their effect by way of the vagus ' It becomes clear that a thorough study of the various physiologio and chemical disturbances is helpful in securing a better understanding of cardiac dyspnes. However, the weight of current opinion upholds the fact that pulmonary engorgement, resulting in definite nervous reflexes being transmitted through the vagus nerve, is the important factor in precipitating respiratory distress in acute and chronic cardiac disease.

These findings are mainly the result of decreased myocardial strength, seen chiefly in left ventricular strain, weakness or failure. The rapid onset of acute diffuse glomerular nephritis may, on occasion, cause paroxysmal dyspnea, due to the secondary hypertension and left ventricular strain. Pulmonary congestion in mitral stenosis, due to a tight mitral valve and not necessarily related to myocardial failure, has been pointed out by White. The sudden onset of rapid heart action as paroxysmal auricular tachycardia nuncular fibrillation, or flutter in a patient with advanced organio heart disease will induce cardiac dyspnea, but failure to institute prompt treatment to control the complication and with treatment directed only toward the original disease will at best achieve only poor results. The major complication of ventricular tachycardia, as whon this occurs following myocardial infarction. must be promptly recognized and promptly controlled with quinldino medication in adequate dosage 3,18

However, it is the larger group of patients with

November, 1943, and had a series of three intra-She remained symptomvenous treatments free until December, 1944 She was referred to Dr Gordon J McCurdy, of Providence, the home town of the patient Dr McCurdy gave three intravenous treatments with good results

#### Case Reports

Case 1 -With the major group of patients there were 4 failures The first of them not benefited was a farmer aged 42 He was given five treatments, but after leaving the hospital the vertigo returned within a week or two, and after a period of eight weeks, it ceased spontaneously Ten years before he had been treated by us, and the attacks continued for about the same length of time

Case 2—The second patient was a man of 38 His attacks covered a period of one and one half years, and he found it impossible to work for almost a year He received two senes of treatments, but his attacks continued He was referred to a neurosurgeon, as there was the possibility of an acoustic tumor being present So far there has been no report from this patient

Case 3 — The third patient was a woman aged 40. on the threshold of the menopause She was in and out of a hospital for twelve weeks with major attacks Four months later she was treated with histamine intravenously Only slight improvement was shown at first, but now the attacks are infrequent and she will have a spontaneous cure

Case 4 — The fourth patient, a woman, aged 47, was in the midst of her menopause. Her sharp attacks of vertigo were so frequent that her career as a teacher seemed at an end She was treated in July, 1943, returned to school in September, and was symptom-free until December, 1943, when she received a series of treatments, and in May, 1944, she was treated again Her attacks in May were not severe, but she had some unsteadiness and complained bitterly of pressure in the head and general pain and It was decided at the time of her last weakness treatment that her menopausal symptoms were overshadowing any symptoms of the syndrome that she might have An attempt was made to convince her of that fact However, on the advice of others, she went to a large clinic in July, 1944 A section of the nght vestibular nerve was performed shown no improvement

Case 5 — The eardrum of one patient presented a The patient, a man of 51, was singular picture treated in July, 1944 He had bilateral nerve deafness but no tinnitus On his first visit to the office the left eardrum was normal in color, but the right eardrum, in his better ear, had a distinct pinkishred hue, not unlike the flush that one observes on some patients under intravenous treatment coloring was more pronounced on the ossicular chain and on the promontory of the eochlea After the first treatment the flush disappeared The patient had noticed no difference of hearing, no fullness in the ear, nor was he ear-conscious His ears have been examined about every three weeks since he left the hospital but both eardrums remain normal in

color The phenomenon just described has not been observed in any of the other patients examined

#### Comment

In appraising a new treatment one must not be led too far afield by apparently good results It is questionable whether any patient ever had his hearing improved by administration of histamme or any other drug used to relieve Mémère's syndrome With every new advance in medicine, we may forget an old truth It is often forgotten that nerve deafness may have an acute catarrhal deafness grafted upon it Then if the catarrhal deafness disappears, the treatment of the moment receives credit for the improvement in hearing One does not have to go farther than arthritis for another specific example Tinnitus is improved in many instances, but again there may be a resurgence, now and then, of head noises In a few cases, for some time following the treatment, there are occasional attacks of vertigo of a few seconds or of a minute or two duration Postural occupation is of importance Farmers, during milking, and card players seem most affected Dandy states that the syndrome lends itself to statistical conclusions That is quite true There can be no doubt that some of the patients reported in this paper as being apparently cured by histamine would have recovered spontaneously, but his statement holds good not only for medical treatment but also for surgical intervention

#### Conclusion

The patient afflicted with Ménière's syndrome is best treated by a private physician rather than by a large clinic where there is a division of responsibility among the personnel He should live within easy call of his doctor, for the therapy is only one step in the alleviation of his symptoms Many of the victims of Mémère's syndrome live in constant fear of recurrent attacks and require assurance from their physicians

If the physician's diagnosis of Ménière's syndrome is correct, he has at hand, in histamine phosphate used intravenously, a treatment that will give prompt relief in the majority of his cases It is a simple treatment, relatively safe, and the only requirement for success is perseverance on the part of both physician and patient

17 Second Street

#### References

The author is indebted to Dr Crawford R Green of Troy, New York, and Dr Edward J Whalen, of Hartford Connecticut, for helpful suggestions Dr Joseph Padalino, of the house staff of the Troy Hospital assisted in the treatment of many of the cases.

<sup>1</sup> Rainey, J J A.M A 122 850 (July 24) 1943
2 Atkinson, M Ibid 116 1753 (April 19) 1941
3 Lilhe H. I, Horton, B T and Thorwell, W C
Ann Otol, Rhin & Laryng 53 717 (Dec.) 1944
4 Dandy W E Surg, Gynec & Obst 72 421 (Feb.) 4 Da 15) 1941

attempts to walk in daylight. When a patient shows no improvement following the efforts of the neurosurgeon or, as often happens, he is made worse, it is not the most propitious moment to state that the patient suffers from hysteria. It would have been wiser to have made that discovery before operation

Many great figures in history have been viotims of Ménière's syndrome among whom was Ludwig van Beethoven. As happens in most instances, the composer's left ear was first affected He was a highly introspective and sensitive young man, and when in 1798 his deafness began to be marked, he guarded it as a guilty secret. Four years later, his deafness increasing he wrote to his hrothers the famous letter known as "Das Heiligenstadt Testament." In it he paints a morhid picture of black despair Reading the tortured pages of "The Testament," one must draw the conclusion that only his ingrained faith in God saved one of the great figures in history from self-destruction It was also in this fateful year of 1802 that a well-known Viennese tenor who was intensely disliked by Beethoven entered his study and the composer, turning suddenly, fell full length upon the floor Fortunately, no bones were broken A fall such as this is not uncommon with Ménière'e syndrome, and it is more than probable that he had had other nttacks. We do know that at times the com poser had an unsteady gut which he was too proud to acknowledge and upon which his friends were too polite to remark. Nerve deafness and tinnitus are both variable symptoms. There were times when Beethoven was much more deaf than at others, and there were times when the roaring in his ears was almost unbearable, end there were days or weeks when it was almost absent. During these periods of quiescence, Beethoven, as is the case with all who suffer from this condition, had a feeling of well-being, or even of exhibitantion. Often in the midst of these periods of euphoria Beethoven wandered in solitude in the Vienna Forest. There he listened to silence that to his rensitive mind was like a song and composed music that seemed an echo from elfinland

Rapid changes of mood end vivid contrast in Beethoven's Symphony No 5 in C Minor express the angulah from which many of the victims of Ménière's syndromo suffer, and it would not be too much to say that out of the symptom complex his created a world of his own During general aneathesia, as the sense of hearing is gradually abolished and, as the patient sinks deeper and deeper into the subconscious world, external noises being obliterated, he hears only the sounds within his own body. He hears the roars of crowds, the pounding of eteel on pavement, the

"sounding sea," the cries of the oppressed, and the "furious blows of Fate" at the door. Similarly sounds such as those were heard by this afflicted and solitary genus, and cast into an imperishable mold.

#### Personal Observations

During the past four and one half years we treated 60 patients with histamine phosphate, the technic of the administration of which is described in a former paper 1 Fifty-three of these patients suffered from major attacks and the results in 49 cases were excellent. Seven patients had what we considered minor attacks of the syndrome. They carried on their usual occupations, but were subject to daily attacks of vertigo of very brief duration. Others had an ever-present feeling of insta-In this group 4 were men and 3 were women Some of the patients said they felt better after treatment, but it is our impression that the treatment had no effect on the condition calling for relief, and that these patients, many of whom show the all too-frequent irascibility of middle life, belong in the hands of the understanding family physician

About 25 per cent of the major cases have a return of symptoms within four eight, or more commonly twelve weeks. Most of these are given a second sense of treatments, and on occaaion a third sense is given.

The procedure followed is to give a series of three intravenous treatments, the second treatment forty-eight hours after the first, end the third, the day following the second The patient has breakfast-before medication Three patients responded badly when the treatment was almost completed They became pale, the pulse was thready, and 2 vomited The needle was withdrawn nt once, and no further treatment was necessary for the complicating reaction those patients who reacted badly the subsequent dose was reduced to thirty drops per minute inetend of the usual fifty or sixty drops per minute None of those patients for whom the succeeding dose was reduced showed any untoward reactions As many of the patients gain considerable weight and are inclined to indulge in rich food, they are put on a bland, soft, nongaseous diet which seems to control some of the side symptoms of which they complain. We no longer use the so-called subcutaneous maintenance dose of histamine phosphate. It has proved to be without value except for its psychologic effect.

In one of our patients a considerable length of time clapsed between the first and the second attacks. This petient was treated in Boston for two years, without relief She had been advised regarding the low sodium regimen and given ammonium chloride. She then came to Troy in

#### TREATMENT OF MÉNIÈRE'S SYNDROME

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TO TWO cases of Mémère's syndrome are exactly alike It is a relatively common condition but may be mistaken for something else At first sight the symptom complex, vertigo and tinnitus based on nerve deafness, would seem easy to diagnose However, there are considerable variations in the symptom complex Some natients suffer from brief attacks of vertigo and nausea, while others suffer from constant unsteadiness and other concomitant symptoms, so much so that it is often difficult to decide just where the dividing line lies between the minor and major Moreover, the explosive character of the major attacks, with the patient thrown off balance, the resultant nausea and vomiting, the pallor, the sweating, and above all the terrified expression of the victim make the picture less of a blueprint than one has been led to believe

For example, some patients may suffer from the syndrome for months, and are treated for some condition quite foreign to a disturbance of the ear, such as gallbladder disease or craniocerebral trauma

It is generally agreed that the symptoms of Ménière's syndrome are the result of a local disturbance of the inner ear caused by the release of histamine. It is well established that the intravenous use of histamine phosphate desensitizes the patient and brings about amelioration of the symptom complex. If this remedy had been used early in the treatment of the group of patients just described, it is quite certain that most of them would have had prompt relief

Atkinson<sup>2</sup> believes that the syndrome may be produced by either of two different vascular disturbances, one a primary vasodilation and the other a primary vasoconstriction A histamine skin test is used to determine the type of individual cases His theory is that patients with the syndrome show either a positive reaction and are classed as vasodilator cases, or a negative reaction and are classed as vasoconstrictor cases In the vasodilator cases he generally uses histamine subcutaneously In the vasoconstrictor group he uses nicotinic acid The latter group he considers much more frequent. In our experience we have not found it possible to divide the patients into two groups by intradermal tests with histamine

Lillie, Horton, and Thorwell<sup>3</sup> report that good results have been obtained by the use of histamine or nicotinic acid regardless of the intradermal

Read before the Rutland County Medical Society, Rutland, Vermont, May 15, 1945

tests with histamine One of our patients in whom the intradermal test was negative was also given a subcutaneous injection of 1 cc, 0 275 mg, of histamine phosphate without perceptible reaction. One week later this dose was repeated. At once she went into profound anaphylactic shock that lasted for several hours. Later, she was given intravenous therapy and showed very little reaction other than a slight flushing of the face. After two months there was a return of the symptom complex. She was given three intravenous treatments and has remained well the past four years.

Some patients, during intravenous treatment, show pronounced reactions, while others show little or none. A marked cutaneous flush of the face and neck or even all over the body is not certain evidence that the treatment assures one of success, nor is its absence an indication of failure. With this in mind it would seem rather doubtful that any known test could decide the therapeutic agent to use in Ménière's syndrome.

However, it can be assumed through one's experience with patients suffering from Ménière's syndrome that something is learned of the operative procedures recommended for the relief of this condition Some neurosurgeons claim that about 90 per cent of the patients have unilateral nerve Our experience is just the reverse deafness Less than 20 per cent have unlateral nerve deaf-With this in mind total section of the eighth nerves would be a bold procedure, for the patient's hearing would be destroyed Very few of the patients have total deafness and every physician knows that if we cure one condition, the patient, especially one in middle life, will magnify another No patient is flattered when told that his hearing is of little practical importance to him

Lately, the partial section of the eighth nerve has been employed That is, the vestibular branch is cut through and the cochlear fibers are left intact in order to preserve the hearing There are two serious objections to this proce-As most patients have bilateral nerve dure deafness, it is merely guesswork to section one nerve and leave the other intact Also, if the patient shows no improvement, the operator is faced with the alternative of reoperating to cut more vestibular fibers or operating also on the The neurosurgeon frankly admits other side that a bilateral section of the vestibular nerves may result in complete night blindness and marked "jiggling" of objects when the patient this has not been helpful to such hospitals for the following reasons

"The course of training has been accelerated. meaning more hours in class and study up to the time they become senior Cadet Nurses Then. when they become really useful hands, a large proportion must go to veterans' or other government hospitals for their last arx months Despite the general impression of the students, and others, that hospitals, in getting money from the government, profit financially, the reverse is true The government payment for tuition, uniforms, etc., is merely money which the students formerly paid the hospitals Hospitals get \$15 per month for the first nine months toward maintenance of each Cadet-provided the Cadet does not average more than twenty-four hours of floor duty per week during that period But the hospitals then provide twenty-one more months of maintenance and instruction at their own cost. and then for the last six months must pay from \$30 up, and full maintenance to each student who might be allowed to remain with the hospital for that last period

"To train students there must be a faculty and supervision. There are not the required number of graduate head nurses and others for this purpose. Therefore longer hours are required of

such meager supervisory force

"In all fairness it should be stated that no enterprise or other group has proportionately contributed more people to the armed forces. And it is trained personnel. No one is doing more in supplying trained people such as doctors, nurses, technicans, and others. I venture to say that if all other groups had done proportionately as well we would now have about fifty million in our armed forces.

"It may be true that commercial nurse regis-

tries have too many nurses on their lists, hospital alumnae registries are practically depleted. except for those too old or unable to do other work. It may be that too many sick people ask for specials, and too few doctors feel that they can properly refuse to let them have them It may be that some proprietary hospitals have more than adequate staffs because good husiness makes possible higher wages. Nurses are human. but they haven't disgraced themselves by strikes, as have many other workers. It is entirely wrong to accuse the hospitals which take care of the other 20 per cent of the sick of hearding nurses and thus being unpatriotic. It is also wrong for certain groups to write letters to the essential nurses in such hospitals, telling them they are unpatriotic because they are not in government service. No criticism in these hectle days has been more undeserved "

To this fair statement we may add that it does not go far enough A national registration of all nurses is imperative the data obtained from such registra tion, the public should be informed of the ages, the date of graduation, and the physical capacity of the nurses in civilian hospitals, in industry, and in retirement. There has been too much heat and too little light in current discussion of the nursing situa-tion. The facts can be obtained. The matter is serious and pressing To call for a draft of nurses before the full facts have been made public seems to be merely an admission that the whole nursing problem has been miscalculated and that inequitable solutions are now being urged, such as the nurse draft, to cover up the deficiencies in the procurement program

#### District Branch Meetings

Attention is called to the following announcement of District Branch Meetings of the State Society Details of the programs will be available at a later date and give promise of constituting a valuable substitute for the scientific activities which would have been presented at the regular Annual Meeting

First District Branch—Tuesday, October 30, White Plains (?)
Second District Branch—Wednesday, October 24, U.S. Naval Hospital, St.
Albans

Third District Branch—Thursday, September 20, Albany Fourth District Branch—Friday, September 21, Queensbury Hotel, Glens Falls Fifth District Branch—Tuesday, September 18, Oneida Sixth District Branch—Wednesday, September 28, Country Club, Cortland Seventh District Branch—Thursday, September 27, Clufton Springs Sanitarium

Eighth District Branch-Thursday, October 4, Hotel Statler, Buffalo

and regulations in their employment as regards absenteeism during certain periods, protection against hazards, hours of rest, as well as provisions for the care of the household and for unattended children left at home This has constituted, in many instances, a serious community problem, and brings us up sharply in evaluating woman's status as between being a war worker and a homemaker Thoughtful women have voiced the dangers of these changed conditions in the home from a peace to a war footing Providing shelter, clothing, food, family supervision. and elemental instruction are responsibilities incumbent upon parenthood But right now, the home is 'short' on mother's time, and without it. the American home cannot function adequately If these necessities cannot be supplied, the coming generation will be the sufferer Already the growing incidence of juvenile delinquency has become a major problem "

Dr Kosmak quotes Margaret Craig, of the School Health Bureau of the Metropolitan Life Insurance Company, who claims that the entrance of mothers into the war effort has had

"a deleterious effect on their children and, as she expressed it so well, a "rootless generation" is growing up, especially in the highly urbanized states. She said and very properly 'there seems to be a wholesale rejection of children in lieu of other interests based on the demands of living in a world at war. Where there should be more care and supervision, children are given too much responsibility for their years to carry'"

He calls attention to the necessity for a re-establishment of the home, and comments

"Homes disrupted by influences which should not have prevailed must be restored not from without but from within. The obligations of parenthood cannot be set aside. We are being deluded by the talk of population increase which is based on the bumper crop of babies reported in these recent years. After this, as after other wars, there will come a decline in births, and every child life saved today will have a substantial reflection on our future happiness and prosperity.

"I trust that what I have said will not be interpreted as in any way belittling woman's efforts to place herself on an equal footing with the opposite sex. Her striving is admirable and not to be criticized, if it can be directed along lines which will not take away from her the high esteem in which she is now held as a woman. She is the equal of man in many ways, but it would prove a dull, drab, and weary world if she no longer maintained that position of love and respect and ad-

miration which is her due. Let us hope that some of the sudden transition brought about by the war may not be a permanent one, in so far as it concerns woman's entry into those fields of activity which are foreign to her natural capacities. For, superior to all other and immediate considerations, women must continue as the mothers of the nation. This is their outstanding function and responsibility."

With Dr Kosmak's conclusion we cannot but agree His logic is inescapable. Its effectiveness will be enhanced if it is accepted not by the physicians only, but by the women of the nation. What they will do about it—see Meleager, of Euripides, fragment 525, for a previous warning to these delightful creatures—we do not presume to know.

New York Medicine, commenting on the "catastrophic shortage of nurses," says

"Since the gravity of the situation has brought reassuring words from the Congress that legislation on all subjects brought up by the President in his annual message to that body may be shortly expected, a draft of nurses is highly probable

New York Medicine presents the following statement by one of the city's leading hospital superintendents, which is representative, perhaps, of all voluntary and municipal hospitals

"First When the Army and the Navy say there is a shortage of nurses for our fighters, both abroad and here, something must be done—and promptly—to remedy that situation

"But one of the most unfortunate misstatements of this war, made by both those who should know better and those who do not know anything about it, was that hospitals are hoarding nurses. That statement is certainly not true so far as voluntary and municipal hospitals are concerned.

"Practically all the voluntary hospitals are struggling along with perhaps half the number of graduates for bedside duty that they had three years ago. It is misleading to quote 'nurses per patient' either in Army or civilian hospitals, unless at the same time the types of patients are given

"The situation generally in voluntary hospitals is this Floors have been closed due to lack of graduate nurses, student nurses are placed in full charge of wards and floors for certain shifts, with responsibilities which should not be theirs. Although hospitals with nurse-training schools have greatly increased their enrollment,

#### The Ives-Quinn Bill

The Ives-Quinn Antidiscrimination Act becomes operative in the State of New York on and after July 1, 1045 While primarily directed against unfair employment practices, it is not too much to say that it will be invoked for many other reasons by numerous minority groups. In time, a cumulative mass of decisions under it will create a body of precedent to determine its proper scope and limitations.

In the meaatime, many professional institutions, associations, and groups can anticlipate the probable necessity for making radical changes in their attitudes. Some of them, with no intent to be discriminatory, undoubtedly have followed courses of policy and action which could be considered such if viewed apart from the intent. Others have set up limitations and restrictions concerning acceptability for what may have seemed, in the past, good and valid reasons. The proceedure are made is often slow and cumbercedure are made is often slow and cumber-

some. Many societies have but one meeting a year

Until epecific instances of discrimination by intent are alleged and proved, it would be well to withhold comment. We subscribe heartily to the intent of the antidiscrimination act, but submit that its administration will have to be both painstaking and cau-Many rights are involved, many tlous kinds of institutions and organizations will certainly be accused from a variety of motives, some good, others probably question-Acousations under such an act can have a high nuisance value as well as real Time and much patience will be required to sift the wheat from the chaff, to accomplish which arbitration would seem to offer the greatest possible chance of success

Investigation should be encouraged, and where actual instances of discrimination are found they should be corrected, but a fair and full bearing of all sides is imperative and haste is, of all things, to be avoided.

#### Current Editorial Comment

#### Of This And That

As president of the American Gynecological Society, Dr George W Kosmak took cognizance of the role of women in this changing world, especially with respect to their amployment in industry <sup>1</sup> Said he

"The appeal made through the press, the radio, and the lecture platform is directed to the patriotism of women, it presents the glamorous aspects of wartime service and its attractions are set forth in glowing colors. But one may have doubts of the value of taking women away induscriminately from their previously accepted duties and responsibilities. Less glamorous, perhaps, is the endeavor to enlist women in industries involved in the war effort, industries which had aever employed women, and in occupations formerly closed to them. This concerns not only single but married women. The Bureau of the Census may be quoted as stating that in

March, 1042, there were seven million, six hundred thousand persons in this nation's labor reserve who said they were available for full time employment, of which seven million were women, most of whom were engaged in housework. In November of that year, the reserve had been reduced to five million, of which four and a half million were women, most of them married These figures indicate that approximately two and a half million women were employed in war industries, or other related activities during the intervening eight months. Today, their numbers undoubtedly are greater "

Out of this employment of women has arison a number of social and other problems which Dr Kosmak views with misgivings

"The physical strains imposed on women workers have necessitated more stringent rules

<sup>2</sup> Presidential Address, June 19 1944.

sers Wagner, Murray, and Dingell have not consulted the AMA on matters of such importance to the medical future of this country, to the lives and health of its

citizens, we do not feel that when this fact becomes known the people will have much confidence in the legislation After all, who but the doctors can make it work?

#### District Branch Meetings

There has been some question in the minds of physicians in the State whether the District Branch meetings would be held as usual this year Postponement of the Annual Meeting and the House of Delegates session because of war conditions has caused many to wonder whether the District Branch meetings would also be postponed or canceled This is not so On the contrary, because of the cancellations interest seems to be greater than ever in the programs of the district branches

Dr Robert R Hannon, Executive Officer of the Medical Society of the State of New York, says in a letter

"At a meeting of the executive committee and presidents of the component county societies of the Third District Branch, held in Albany at the DeWitt Clinton Hotel on Wednesday, May 23, 1945, Dr Frederic W Holcomb discussed the importance of District Branch meetings

"Some of the points that had been brought out in regard to District Branch meetings were that in the early period of the State Society, when travel was more difficult and there were not so many scientific meetings, these District Branch meetings were important in bringing scientific articles to members of the profession who would not be able to attend scientific meetings at great distances from their homes It was thought by some that times have changed so much that there is no longer need for holding It was thought that in view these meetings of the ease of travel and the very large number of mportant scientific meetings that a physician could and did attend each year, these not only filled the place of the former District Branch meetings but made them less attractive and less important "

It is of interest to note that at least for this war year the District Branch meetings fulfill the purpose for which they were originally founded, namely, to overcome difficulties of distant travel and a lack of exchange of scientific ideas Publications, too, have been somewhat restricted, but perhaps due to the large volume of printed matter ordinarily reaching the medical profession, some shrinkage in quantity might pass unobserved by many during the war period

But that there is much value in the District Branch meetings is not open to question This year, they will afford the only opportunity for the officers of the State Society to come in personal contact with groups of doctors throughout the State For this and other equally obvious reasons it is hoped that there will be a large attendance Much time and thought is being spent by the officers of the branches and by the Executive Officer to make the programs of the widest possible interest. There is definitely no demand for change in the procedure of the meetings Dr Hannon writes us, following lengthy discussion on May 9, 1945, by the presidents of the district branches in New York City,

"At no time have I found anyone anxious to abolish the District Branch meetings or to turn them into purely Society business meetings or social meetings at this time. Suggestions that had been received along this line seemed to have diminished both in number and in intensity."

We confess to a feeling of considerable satisfaction that the membership of the State Society definitely wishes to preserve intact a valuable custom and heritage of its early years. The present war emergency shows how tenuous are some of our more recent and more elaborate practices based upon modern facilities. There is much to be said for a return, even for a short period, to the primitive customs of our ancestors and the founders of our institutions. They builded solidly and enduringly, and nowhere with more foresight, as the event proves, than the District Branches

state-administered projects. The J A M A continues

"The section of greatest interest to the medical profession at this time is section 9, which would establish a national sickness-insurance system. The proponents of the measure minimize its compulsory aspect in every way they possibly can Nowhere is the word compulsory used In both the abstract of the measure and in Senstor Wagner's presentation all the emphasis is placed on the benefits which presumably every one in the United States would receive from this measure. Senator Wagner reaffirms that complete freedom is offered to every one with regard to such medical services as he may give or re-Indeed, Senator Wagner went so far as to say that health insurance is not socialized medicine, it is not state medicine. With this pronouncement most people with any understanding of the situation will differ They will maist that compulsory sickness insurance with federal control is both socialized medicine and state medicine Health insurance, or actually sickness insurance, is a method of paying medical costs in advance and of distributing such costs There are differences between various forms of sickness insurance. Senator Wegner emphasizes freedom of medical practice, which be says is carefully safeguarded because each insured person is entitled to choose his own doctor But he must choose his own doctor from among the physicians or groups of physicians in the community who agree to go into the insurance system. Certainly the insured person cannot secure the application of any of the funds that be has paid for the payment of a physician who is outside the system. The statement is made that the participating doctors are likewise free to choose the method through which they are to be paid from the insurance fund. As a rule, they must choose as a group either a fee-for-service plan with a fee table, a capitation fee, or a salary In the summary of the bill released hy Senator Wegner the statement is made that the Surgeon General of the U.S Public Health Service-a doctor-would administer the technical and professional aspects of the program sion of the Wagner-Murray-Dingell bill places tremendous authority in the hands of the Surgeon General, as was placed by previous versions. This time there is to be a National Advisory Medical Policy Council, to be appointed from panels of names submitted by professional and other organizations concerned with medical services, education, and bospitals and to include also a representative of the public. This council is wholly advisory and without authority Incidentally, there is nothing in previous law that says the Surgeon General of the U.S Public Health Service must be a physician. The Presi dent can appoint the Surgeon General hy selecting any of the members of the regular corps, which includes physicians, sanitarians, economists, doctors of public health, and a wide variety of other personnel in the field of medicane.

The new bill seems to us to be just as arbitrary, fully as dangerous, and far more expensive than previous versions. We do not believe that it would be acceptable to the membership of the Medical Society of the State of New York either as physicians whom it would regiment or as citizens whom it would bankrupt.

"Senator Wagner points out that he has consulted this time with the American Federation of Labor, the Congress of Industrial Organizations, the Physicians' Forum, the Committee of Physicians for Improvement of Medical Care, and the National Lawyers' Guild, among other organizations, in obtaining suggestions for modifications of his previous version He has not consulted with the American Medical Association or, ns far as as known, with any of the members of its representative bodies or councils. The so-called Physicians' Forum is n group of several hundred physicians, mostly inclined toward communium and practically all living in New York City The Committee of Physicians for the Improvement of Medical Care, once known ns the Committee of 400, now maintains a mailing list of around one thousand physicians and is actually controlled by an inner group of a few physicians who do not in any way represent a majority of medical opinion Thus the hill completely disregards the majority opinion of the one bundred and twenty five thousand physicians who constitute the American Medical Association and who provide the major portion of medical practice for the people of the United States The bill also disregards the sixtythousand physicians now in the armed forces who have sacrificed as much as any other group in the country in the great war in which our nation is now engaged "

We sincerely believe in the common sense of the American people. They can smell a rat as well as or better and quicker than most. They know what they can afford because, after all, it is their earnings which are affected by such legislation, their futures which are being mortgaged, and their doctors, their medically educated sons and daughters who face regimentation. If Mes-

## NEW YORK STATE JOURNAL OF MEDICINE

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**VOLUME 45** 

AUGUST 15, 1945

NUMBER 16

## Editorial

#### That Bill Is In Again—II

Of the medical and hospital provisions of the new Wagner-Murray-Dingell bill. the  $J A M A^{1}$  says, in part

"The Wagner-Murray-Dingell measure-1945 version—would take over the proposals of the Hill-Burton bill for hospital and healthcente: construction and make of it a ten-year program at ten times the cost This is longterm planning with a vengeance, in view of the experimental character of the proposal, at best Instead of the advisory board with authority proposed by the Hill-Burton measure, the 1945 Wagner-Murray-Dingell bill would substitute a National Advisory Hospital Construction Council, appointed by the Surgeon General and without authority, except to review applications and make recommendations

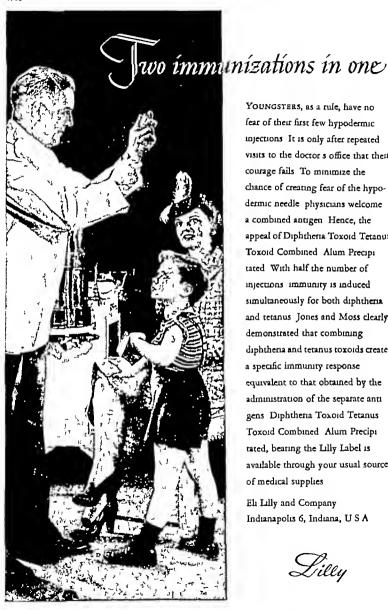
"The new bill also proposes to extend the grants for venereal disease and for the tuberculosis program The section on public-health service would change the present authorization of \$20,000,000 a year for grants to the states with an authorization to appropriate a sum sufficient to carry out the purposes The annual

<sup>1</sup> Vol. 128, No 5, June 2, 1945

amount available to the Surgeon General of the Public Health Service for demonstrations, training of personnel, and administrative expenses is increased from \$3,000,000 to \$5,000,000 a year A formula is established designed to give more aid to the poor states and relatively less to the richer states

"Another section of the 1945 version relates to federal cooperation with the states in providing health and welfare services for mothers and children The states are to develop their own plans, which are to be approved by the chief of the Children's Bureau Here also a formula is established for aiding the poorer states to a greater extent than the larger ones

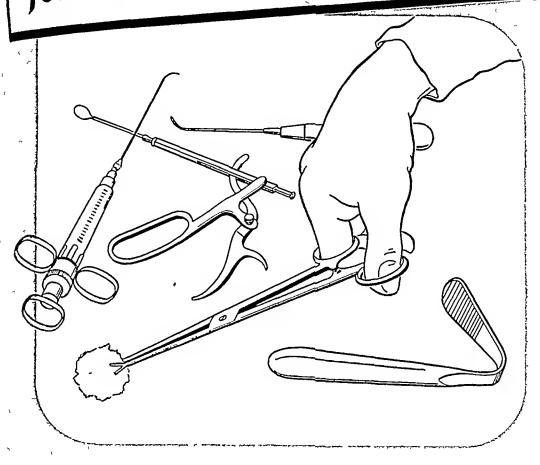
That there is need for reasonable expansion of the above services few will question As to the method here proposed there is growing uneasiness The system of Federal subsidy of state programs is expanding to dangerous proportions, in the opinion of many Such programs as the EMIC have served to disclose the arbitrary nature of remote control in federally subsidized and



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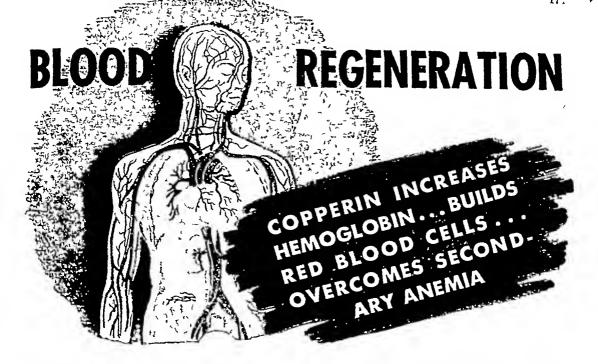
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temperature of 105 F, and observable was discontinued. The temperature promptly returned to normal and remained so until the patient was dis-

charged on August 11, 1944.

On discharge the patient had complete ptens of the left lid, and aside from slight downward rotation of the eye, his left eye remained fixed and immobile The left pupil was still small and did not react Vision in this cyo was only moderately impaired. His reflexes were normal. His lungs were clear His heart sounds were strong and of good quality His blood pressure was 110/70. His electrocardiogram had returned to normal limits.

Three months after discharge from the hespital, the patient had recovered complete function of his left eve

#### Comment

There were several interesting features observed in this case. The time interval between the recovery from the original furtunels of the lip and left nostril and the onset of the present illness was approximately two weeks, during which time the patient was in excellent health. This is rather unusual and can be explained only by the probability of the presence of a intent thrombophicbitis in the left inferior ophthalmic vein which suddenly flared up and extended into the left exercises sinuscausing a fullminating ascending infection.

The total dosage of pencillin reached almost 6,000,000 units. It was continued in fairly large doses for two weeks after the temperature had reached normal. This might be deemed extravagant therapy, but in view of the extreme latency of this infection it was considered advisable to err on the side of overtreatment rather than to risk an exacer

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Touc myocarditis with congestive failure in a previously normal beart occurred. Sensitivity to suifathlazole developed after it had been discontinued for two weeks. It will be recalled that the patient also received suifathlazole for the troatment of his original facul cellulitis.

Repeated blood cultures were negative, and the causative organism will always remain speculative However, if it is reasonable to ascribe the original furuncle on the lip and face as the precipitating factor, it may be justifiable to consider the staphylocecus as the most likely causative organism.

#### Conclusions

It would seem, from the history of this case that infections about the face lips, and nose etc., are not without danger oven after they are apparently healed.

A vigorous course of chemotherapy should be followed in all such infections for several days

after they have apparently subsided

Once caveroous sinus thrombosis has developed, pentullin should be given in adequate doses during the acute course and for a considerable safe period during convalescence to insure against exacerbations.

An example of this was shown recently in a care cited by Nicholson and Anderson (J A.M. A. 126 No. 1) in which penicillin was discontinued twenty four hours after the patient's temperature had returned to normal, following which there was a exacerbation of the infection which was subsequently controlled by penicillin. The patient in this case developed optic atrophy with total loss of vision in his right eye.

### PSYCHOSOMATIC RELATIONSHIP OF EMOTIONAL FACTORS IN CORONARY SCIEROSIS

DOMINICK A BARBARA, M D, Central Islip, New York (From the Central Islip State Hospital)

IT HAS been fairly well substantiated that such disorders as cardiac neurous are psychogenio in origin and that psychotherapy is essential in their treatment. However, the relationship of psychic to a smatle factors in organio cardiovascular disease as subject of much controversy and discussion. A troe value of the importance of either factor can be obtained only through a psychosomatic approach to the problem. Dunbar in her excellent review of the literature in Emotions and Bodily Changes offers notable contributions in this connection.

Only further studies can predict whether con tinued emotional stress can produce organic changes in the cardiovascular system. Weiss and English, in their book, Psychosomatic Medicine,<sup>2</sup> stati. "The neurotic patient who has organic heart disease may add a real hurden to the work of his heart either through constant tension of psychlo origin or more especially, by means of acute epseodes of emotional origin. This may hasten a cardiac break

down which might be indefinitely postponed if there were no psychic stress.' Thus we discover that emotional factors may be of greater importance than the somatic in bringing about a structural disturbance

Recent Rozenbach studies by Kemple' on the personality traits of patients with coronary disease manifested a persistent pattern of aggreedveness and drive to dominate and usually great ambitton with compulsive striving for power and prestige Introversive experience of creative thought is underdoveloped, making them more dependent than most people upon external achievement for satisfaction and security. Patients with coronary disease are reactive and frequently quite extratensive displaying a good deal of hostility.

#### Case Report

Onset of Symptoms.—The patient, a 33-year-old married Russian-Jewish lawyer, about three months

The case reported organism is pathogenic to man in this paper would indicate that abdominal symptomatology may be due to infestation with Giardia

This case is of special interest, however, because of its occurrence in a young woman defense worker who was living in Brooklyn and had not been south She had been working for two years in a shippard where ships from all over the world were repaired It is not at all unlikely that her infection was contracted from a sailor who had brought it in from a foreign country Undoubtedly the cafeteria which she frequented could have provided an excellent reservoir for Giardia

In any event, this ease is noteworthy in presenting an abdominal syndrome which prompted the staffs of two hospitals to request consent for immediate Certainly this case would suggest that operation Giardia intestinalis should be considered in the evaluation of a typical abdominal symptomatology In addition, it is not altogether recondite that World War II may increase the number of this parasite in the United States

Case Report

The patient was a divorceé, age 29 She had enjoyed good health until August, 1944, when she experienced vague abdominal pain, mild diarrhea, and chilly sensations Previously there had been a slight tendency to constipation On September 2, 1944, she passed innumerable loose, watery bowel movements attended by severe colic. The frequency of stool abated and the abdominal pain became unbearable. Her temperature was 102 F She was extremely ill and was admitted to a Brooklyn hospital She remained there two hours and left after refusing to sign consent for immediate

Later that day abdominal pain was so operation severe that she entered another hospital There again she refused to be operated upon and signed She then placed herself under a physiherself out cian's care and was informed that x-rays disclosed "ulcers and colitis" After treatment there was little improvement in her condition Epigastric cramps and diarrhea recurred frequently possibility of surgery was discussed

On December 18, 1944, the patient consulted me In view of the history of having at my office worked in a shippard for two years I sent her stool to the Tropical Disease Diagnostic Service of the Department of Health Giardia lamblia cysts were reported Dr H G Shookhoff wrote, "I understand she has had various abdominal symptoms Such symptoms occasionally arise with the parasite found "

Atabrine, 0 1 Gm three times a day for five days, The patient made a spectacular was prescribed recovery On January 15, 1945, and March 26, 1945, her stool was found to be negative for Giardia recovery lamblia A gastrointestinal series on January 31, 1945, was normal Various laboratory tests, including complete blood count, urine analysis, blood Wassermann, Widal, Brucella, paratyphoid A and B, typhus, stool for enteric organisms, and gastric analysis were negative

Though giardiasis may be unaecompanied by abdominal symptoms, Hartman and Kyser1 found diarrhea present in 60 per cent and abdominal pain in 65 per cent of their series of 100 cases quency certainly was more than coincidence In 35 cases treated with atabrine, follow-up disclosed successful elimination of the parasite and cessation of abdominal complaints in all but one case

### FALL REFRESHER COURSE IN OTORHINOLARYNGOLOGY AT UNIVERSITY OF ILLINOIS

The University of Illinois College of Medicine announces its sixth semiannual refresher course in laryngology, rhinology, and otology, September 24 through September 29, 1945, at the College, in Chi-The course is intensive and largely didactic, but some clinical instruction is also provided

It is especially suited to specialists unable to devote a longer period for advanced instruction and to others seeking a comprehensive review of the field of otorhinolaryngology The number of regis-

It is therefore desirable to trants will be limited apply for registration immediately The fee 18 \$50

When applying, give full details as to school and year of graduation, postgraduate training, college degrees, etc Write to Dr A R Hollender, Chairman, Refresher Course Committee, Department of Otolaryngology, University of Illinois College of Medicine, 1853 West Polk Street, Chicago 12 Ilhnois

### TAKING THE COUNT

There had been an epidemic of influenza in the town, and one physician who had had scarcely any sleep for a week called upon a patient who was suffering from pneumonia "Begin counting," directed the doctor as he

leaned over to hear the patient's respiration

The doctor was so fatigued that he fell asleep with his head on the sick man's chest

It seemed but a minute when he awoke suddenly to hear the patient still counting

"Ten thousand and twenty-six, ten thousand and "-Clin Wed , May, 1945 twenty-seven

J 4 M A 116 2835 Hartman, H R, and Kyser, F A (1941)

temperature of 105 F., and ohemotherapy was discontinued. The temperature promptly returned to normal and remained so until the patient was dis-

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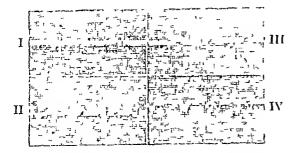


Fig 1 February 28, 1945—Low voltage of the QR-S complexes in all leads and coved and inverted T waves in leads 1 and IV, indicating a myocardial infarction on the left anterior aspect of the heart

before examination had a sudden attack of epigastric and substernal pain radiating down his left arm. A physician was called and diagnosed the case as an acute attack of cholecystitis, and a sedative was administered. The pains increased in intensity throughout the night until a second physician was summoned. He in turn referred the patient to a cardiologist. Electrocardiograms were performed and the patient was found to be suffering from an anterior-wall my ocardial infarction (Fig. 1)

At this time the patient was apprehensive and tense and stated that after the sudden death of his eldest brother six months ago he had experienced the following symptoms typical of an anxiety attack feelings of distress, constant fear of a heart attack and sudden death, cardine palpitation, mental fatigue, frequent urination, breathlessness on slight exertion, and a general feeling of tension and inability to relax. He was examined at that time by a number of physicians who discovered no physicial disturbances of any demonstrable nature. Electrocardiograms\* performed during this period presented no definite evidence of cardiovascular disease. The patient continued to worry about his condition until his anxiety became of such in intensity as to precipitate an attack of coronary occlusion.

Neurotic Character Structure Development —The family on both sides was of Russian-Jewish descent, middle class. He was the second youngest of six siblings. Two of the brothers are at present in state hospitals suffering from schizophrenia. Both parents were described as being simple, honest, vigorous, tolerant, and religious. The mother was pictured as the dependent element in the family, and was the greatest support to the patient. The father had little time to spend with his children, lie dominated the patient and disciplined his mode of behavior. In spite of this, the patient was extremely affectionate toward the father and attempted to win him over on every occasion.

Nothing is known concerning his gestation, birth, or infancy. In his early childhood he was seclusive, shy, and never seemed at ease with the rest of the children in the neighborhood. At an early age he was subject to temper tantrums and nightmares of a frightening nature. His eldest brother was his constant compamon and the one in whom he confided and whom he respected.

Economic conditions grew considerably worse at home, and when the patient completed high school.

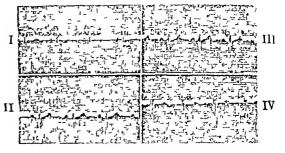


Fig 2 March 30, 1945—Electrocardiogram showed a heart rate of 75 per minute. Sinus rhy thin present throughout. The voltage of the QR-S complexes in the three standard leads was still rather low but of somewhat greater amplitude than previously, but the T waves in leads I and IV were upright and practically normal.

his father decided that he should discontinue his studies in order to help toward the support of the This caused a tremendous sense of rejection and resentment on the part of the patient However, sacrifices were made and, with the additional help of his brother, he was able to continue through Under these existing conditions, the lau school next four years of the patient's life were a most struggling and difficult experience, which gave rise to much aggression and resentment toward his environment as a whole He developed a great urge to work and moved at a vigorous pace He was now going to show his father what a success he could make of himself Before examinations he was prone to worry at length about insignificant matter and had to be exact in his conclusions He would become fearful and tense and would experience "an empty feeling in the pit of the stomach" When the commination was completed, he felt once more at ease and would then decide to forget all about whatever had happened previously

Upon receiving his law degree, he married and was content to separate from his family setting An attempt to practice law was given up after a few months because of a fear of competition and lack of He worned at length about this, but security through the advice and stimulation of his wife, he secured employment in a defense industry as an aircraft inspector The emotional pressure of this new environment increased all the more his anxiety and tension In spite of earning a comfortable wage, he worked at night with whatever law business he could obtain. He felt that with this extra income he could offer his family those commodities which had been denied him during his struggling existence He began to smoke incessantly and would take an occasional drink. He had difficulty in sleeping and felt that his wife was constantly annoying him with her persistent questioning as to his underlying Throughout this entire period he had difficulties the habit of keeping himself under control and re-

pressing his feelings

With the death of his brother, the patient expressed enormous grief. He now began to feel that perhaps his life was governed by some mysterious fate which brought about continual misfortune to his family. His parents' responsibilities, which at one time were centered about this brother, were now to be shifted to him. He brooded over this problem for about six months, as previously stated, until he was stricken with an attack of coronary occlusion.

<sup>\*</sup> The writer regrets to state that these tracings cannot be located

#### Summary

The patient's early infancy, environment, and parent relationship were choracterized by economic stress and lack of warmtin and affection. A hans for unxiety thus set in, with the formation of neurotic trends toward the lack of security and happiness He was compelled to create false personality goals as a means of compensating this constant state of uncertainty His focal conflict centered about a rivalry with the authoritative father and a morbid dependency on the mother His life experiences gave use to a good deal of aggression and recentment, particularly bus family's poverty and the death of the brother with the region of the he had developed, he was unable to measure his true potentialities, which made him weak and insecure llis dependency on othors for advice stimulation and gratitude conflicted with his compulsive need for independence and freedom. His neurotic drives to become perfect powerful and unique in order to compensate for his sense of inferiority made it im possible for him to conform to the normal expectations and standards of interpersonal relationships These conflicting trends create a tremendous anxiety which continually moves about in a vicious circle. His two defeated ottempts to lead an independent existence first in his practice and then in a more secure position as an aircraft inspector, increase all the more his rage and boatility which are being

constantly repressed

In the final store of this listory, the tremundous psychic shock sustained after his brother's death rendered the atuation hopeless until an attack of

coronary occlusion was precipitated

Soon after the patient was informed of lds candac condition, he entored into a sudden stoto of deproceion, became fearful and tense cried easily and assumed a hopeless ottitude toward his his lit was at this point that his wife contacted me for psychi atric consultation

Since this is merely a case report and not a manuscript on therapy, a briof but concise form of

treotment will be presented.

In cases of this type before any mental contact can begin, a state of confidence between physician and patient must be established. The physician must be someone whom the patient can confide in and trust. He must be kind, understanding, sympathetic, and must use caution not to project his own emotions or past hostilities. A preliminary study of the individual s present personality traits behavior, and attitude toward others must be obtained from his immediate family Problems can theo be brought to discussion with the thought of solving them with a human understanding in mind He must be shown that because of his rigid per

sonality he was unable to conform to the normal expectations and standards of Interpersonal relu-These basic factors of dependency must tionship be dissolved and the individual must be ted along the lines of a responsible and independent existence. His mairotic drives are to be replaced by a desire to be genuiou and sincer. He must recognize the underlying auxlety responsible for his condition and eventually come to an understanding of the under tying structure responsible for it. In conclusion the individual's cuttin personality must be reconstructed so that he may better lumself in human relation ships

In this particular case the patient began to show some signs of improvement immediately after a few psychotherapeutic sosions held at his home began to express himself freely and showed a smeere desire to overcome his difficulties. His anxiety lessened in Intensity and he appeared to be well on

the way to a bealthy existence

A second electrocardio ram taken six weeks later presented a remarkable recovery in his cardiac condition as stated from the cardiologist's report, voltage of the QR-S complexes in the three standard leads was of greater amplitude than proviously and the T waves in leads I and IV were upright and practically normal (Fig. 2)

The writer does not wish to miply here that n complete reconstruction of this individual a neurotic character structure has descloped in so short a time but that the anxiety symptom has been relieved to some extent as shown in the patient's decreased state of tension and in the electrocardiographic A thorough cure can come obout only through a p-vehoanalytic approach

#### Discussion

The writer has attempted to present in brief form a case report of anxiety neurosis in relationship to coronari occlusion. No attempt has been made to dispute the concept of whether emotional or somatic factors ploy the greatest role in such a disease. It is only hoped in conclusion that a psychosomalic approach to such an obscure disease as coronary scleroeds be undertaken in the future, with the object in mind of evaluating both physical and pey chologic foctors in the study of illness

#### References

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2 Wres. E. an Logdish. O. H. Fus cho-comatic Medi-cine. W. B. Raunders Co., Philadelphia and London. 1917. 3 kmple Centills. Pecks. m. Niel. 7 Sc. (191).

#### GIARDIASIS IN A SHIPYARD WORKER

EDGAR LEON DITTLER, M D , New York City

(From the Department of Medicine New 1 ork Medical College)

LIARDIA lambha is found in countries having diverse climates. Although more frequently encountered in the tropics lts presence in the

United States is by no oreans exceptional Stool examination has disclosed this flagellate none too rarely The only question has been whother thus

The writer wishes to acknowledge the assistance of Dr Meyer Sclar Brooklyn New York for his exact taking and reading of the electrocardiagrams.

The case reported organism is pathogenic to man in this paper would indicate that abdominal symptomatology may he due to infestation with Giardia

This case is of special interest, however, because of its occurrence in a young woman defense worker who was hving in Brooklyn and had not been south She had heen working for two years in a shippard where ships from all over the world were repaired It is not at all unlikely that her infection was contracted from a sailor who had brought it in from a foreign country Undoubtedly the cafeteria which she frequented could have provided an excellent reservoir for Giardia

In any event, this case is noteworthy in presenting an abdominal syndrome which prompted the staffs of two hospitals to request consent for immediate Certainly this case would suggest that Giardia intestinalis should be considered in the evaluation of a typical ahdominal symptomatology In addition, it is not altogether recondite that World War II may increase the number of this parasite in the United States

Case Report

She had The patient was a divorceé, age 29 enjoyed good health until August, 1944, when she experienced vague abdominal pain, mild diarrhea, and chilly sensations Previously there had been a slight tendency to constipation On September 2, slight tendency to constipation 1944, she passed innumerable loose, watery bowel movements attended by severe colic. The frequency of stool ahated and the abdominal pain hecame unbearable. Her temperature was 102 F She was extremely ill and was admitted to a Brooklyn hospital She remained there two hours and left after refusing to sign consent for immediate

Later that day abdominal pain was so operation severe that she entered another hospital again she refused to be operated upon and signed She then placed herself under a physiherself out cian's care and was informed that x-rays disclosed "ulcers and colitis" After treatment there was little improvement in her condition Epigastric cramps and diarrhea recurred frequently possibility of surgery was discussed

On December 18, 1944, the patient consulted me In view of the history of having at my office worked in a shipyard for two years I sent her stool to the Tropical Disease Diagnostic Service of the Department of Health Giardia lamblia cysts were Department of Health reported Dr H G Shookhoff wrote, "I understand she has had various ahdominal symptoms symptoms occasionally arise with the parasite

found " Atahrine, 0.1 Gm three times a day for five days, The patient made a spectacular was prescribed recovery On January 15, 1945, and March 26, 1945, her stool was found to be negative for Giardia lamblia A gastrointestinal scrics on January 31, 1945, was normal Various laboratory tests, including complete blood count, urinc analysis, blood Wassermann, Widal, Brucella, paraty phoid A and B, typhus, stool for enteric organisms, and gastric analysis were negative

Though giardiasis may be unaccompanied by abdominal symptoms, Hartman and Kyser<sup>1</sup> found diarrhea present in 60 per cent and abdominal pain in 65 per cent of their series of 100 cases quency certainly was more than coincidence cases treated with atahrine, follow-up disclosed successful climination of the parasite and cessation of abdominal complaints in all but one case

JAMA 116 2835 1 Hartman, H R, and Kyser, F A (1941)

### FALL REFRESHER COURSE IN OTORHINOLARYNGOLOGY AT UNIVERSITY OF ILLINOIS

The University of Illinois College of Medicine announces its sixth semiannual refresher course in laryngology, rhinology, and otology, September 24 through September 29, 1945, at the College, in Chicago The course is intensive and largely didactic, but some clinical instruction is also provided

It is especially suited to specialists unable to devote a longer period for advanced instruction and to others steking a comprehensive review of the field of otorhmolaryngology The number of regis-

It is therefore desirable to trants will be limited The fee 18 apply for registration immediately \$50

When applying, give full details as to school and year of graduation, postgraduate training, college dogrees, etc Write to Dr A R Hollender, Chairman, Refresher Course Committee, Department of Otolaryngology, University of Illinois College of Medicine, 1853 West Polk Street, Chicago 12 Illinois

#### TAKING THE COUNT

There had been an epidemic of influenza in the town, and one physician who had had scarcely any sleep for a week called upon a patient who was suffering from pncumonia

"Begin counting," directed the doctor as he leaned over to hear the patient's respiration

The doctor was so fatigued that he fell asleep with his head on the sick man's chest

It seemed hut a minute when he awoke suddenly

to hear the patient still counting
"Ten thousand and twenty-six, ten thousand and twenty-seven "—Clin Med, May, 1945

### Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Jouanal.

The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Bachr, M.D and Charles D Post, M.D

#### Three Cancer Teaching Days in October

A CLINICAL cancer teaching day will be held on October 3 at Homer Folks, Tuberculosis Hospi tal, Oneonta, under the auspices of the Medical Society of the County of Otsego, the Sixth District Branch of the Medical Society of the State of New York, the Tumor Clinic Association of the Stato of New York, the Modical Society of the Stato of New York, and the Division of Cancer Control of the New

York State Department of Health

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> The teaching day will begin with a clinical program from 2 00 to 4 00 ru consisting of clinical gram from 2 to 10 4 to 17 a consisting of climical demonstration and discussion of cancer patients by Drs. William A. Villner associate professor of urology at Albany Medical College Fred W Stewart, pathologist at Memorial Hospital New York City, Norman Treves associate surgeon Memorial Hospital, New York City, and Gray H. Nemorial Hospital, New York City, and Gray Invendily, assistant surgeon, Memorial Hospital, New York City The afternoon meeting will be called to order at 400 fe M. with opening remarks by Dr. Paul Van Haeseker, president of the Medical Society of the County of Otsego. The charman of the meeting will be Dr. LeRoy B. House, also chairman of the cancer committee. The program consists of two lectures, 'Ovarian Carcinoma," by Dr. Twombly, and 'Cancer of the Breast,' by Dr. Treves. Following duncer, to be served at 6.15 Treves Following dinner, to be served at 6 15 rm., Dr House will call the evening meeting to order at 7 15 rm. Dr Milner will discuss "Carchoma of the Bladder" and Dr Stewart will give a lecture entitled Blopsy in Tumors." The local committee Clarke, John M. Constantine Richard Kegel and Charles H. Peckham

N OCTOBER 17 a cancer teaching day will be held in the Governor Clinton Hotel in Kingston under the auspices of the Medical Society of the County of Ulster, the Third District Branch of the Modical Society of the State of New York the Tumor Clinic Association of the State of New York the Medical Society of the State of New York, and the Division of Cancer Control of the New York State Department of Health. At 320 P.M the meeting will be called to order by the charman of the meeting, Dr. Franca L. O Connor chairman of the meeting, Dr. Francis E. O Connor chalman of the cancer committee, and Dr. Mortimer B Downer, president of the Medical Society of the County of Ulster, will give the opening remarks. Dr. Earl D Osborne, professor of dermatology and syphilology at the University of Buffalo School of Medicine will speak on "Cancer of the Skin and Allied Tu-mors," and Dr. Frederick B. Wetherell, professor of ellnical surgery at Syracuse University College of Medicine, will discuss "The Role of the Practicing Physician in the Care of Cancer"

Physician in the Care of Cancer
Dinner will be screed at 6 30 p.m. and the evening
meeting will be called to order at 7 30 p.m. by Dr.
O Connor Dr. Charles B. Huggins, professor of
surgical urology at the University of Illinois,
Chicago will deliver a lecture entitled "Cancer of
the Prostate," and Dr. Fred W. Stewart, pathologist
at Memorial Hospital, New York City, will speak or
"Biopsy in Tumors," The cancer committee of the
county society is us follows. Drs. Francis E.
O Canac chairmon, William S. Bush, Frederic W. county socioty is as follows Drs. Francis E O Connor chairman William B Bush, Frederic W Holcomb, B F Mattison Edward F Shea Frederick Soyder, James S Taylor, Frederick H Voss and Charles O Relly DDS

A CANCER teaching day will be held on October 18 in the auditorium of the Albany College of Pharmacy, under the auspices of the Medical Society of the County of Albany, Albany Medical Society of the State of New York, the Tumor Clinic Association of the State of New York, the Tumor Clinic Association of the State of New York and the Division of Cancer Control of the New York State Department of Health ment of Health

Dr John J Clemmer, chairman of the cancer committee, will also act as chairman of the meeting and will call the meeting to order at 3 30 r.u.
Opening remarks will be hy Dr Arthur J Walling
ford president of the Medical Society of the County
of Albany

Dr. Hayes Martin, attending surgeon, Memorial Hospital, New York City, will deliver a lecture entitled 'Cancer of the Head and Neck," and Dr. Charles B. Huggins professor of surgical wrology at the University of Illinois, Chicago, will speak on "Cancer of the Prostation,"

speak on "Cancer of the Prostate."

Dr Emerson C Kelly, chairman of the program committee, will call the evening meeting to order at 8 00 PM following buffet support at the fort Orange Post, Amenican Legion at 6 30 PM. In Gorgo T. Pack, attending surgeon at Memorial Hospital, New York City, will discuss 'Cancer of the Stomach' and Dr. Clyde L. Randall, professor of gynecology at the University of Buffalo School of Medical Post of the Comment of the of cine, will speak on 'Hormone Therapy and the Provention of Gynecologic Malignancies.' The can vention of Gynecologic Mangiantics. Into can cer committee of the county society consists of Drs. John J Clemmer, Arthur F Holding and Arthur W Wright, and the program committee includes Drs Emerson C Kelly John B Horner, John G McKeon Thomas J O Donnell Philip S Van Or den Robert D Whitfield and Aibert M Yunich

#### **BUFFICH NT REASON**

Doctor 'I want to change the death certificate I gave you yesterday '
Coroner 'What s wrong?

Doctor 'I signed my name in the space marked 'cause of death.' -- W Rec., June, 1945

April a tare 1 April

### Medical News

### Baruch Gifts Aid Physical Medicine

FAR-REACHING advances were made in the field of physical medicine last year, particularly in rehabilitating and reconditioning wounded war veterans, Dr Frank H Krusen, director of the Baruch Committee on Physical Medicine, recently

reported

Established a year ago by Bernard M Baruch with an initial grant of \$1,100,000, the committee established major medical programs at the Columbia University College of Physicians and Surgeons, New York University College of Medicine, and the Medical College of Virginia The Columbia project, a ten-year one, is emphasizing the need for training medical specialists to handle the problems of war and postwar physical rehabilitation

Later Mr Baruch donated \$90,000 more to further the work of helping veterans disabled in the war, Massachusetts Institute of Technology receiving \$50,000 and the University of Minnesota Medical School \$40,000 Fellowships have been established for qualified physicians or other scientists who seek

further training in this field

In the first annual report Dr Krusen expressed the gratification of his committee at the "truly remarkable progress" that has taken place since the grant was made. The report cites a medical journal as saying, in reference to the Baruch project that "the year 1944 will go down in the history of physical medicine as one of the great strides towards its long-delayed expansion"

In reply to a survey conducted by the committee 88 of 124 centers in physical medicine with which the committee had been in consultation reported significant advances in the development of physical medicine. Seventy-five of these centers said the advances were directly attributable to the activities

of the Baruch committee

Several new research programs are under way, Dr Krusen disclosed A special committee on war and postwar physical rehabilitation and reconditioning has been established to develop a program for the treatment of injured war veterans. Medical officers and technicians are being trained for this work at the Baruch centers. The number of fellowships will be increased.

New York University has taken the lead in developing means of helping the injured veterans

Instructional booklets have been prepared at the Baruch center at the university for the guidance of Army and Navy personnel An instructional motion-picture film for veterans has been completed

"We have plans under way now to emphasize the rehabilitation of veterans," Dr Krusen said "A subcommittee has been appointed to draw a blue-print or pattern of an ideal rehabilitation center. The completed plans will be sent to communities all over the country."

Dr Krusen emphasized that the program was designed not only for the war veterans but for the

civilian population generally

"We believe that an adequate development of physical medicine will do much to alleviate the suffering of the sick and disabled," he reported "It will hasten convalescence and lessen the number of totally disabled persons Physical medicine will tend to fill the gap between the customary endpoint of medical attention and the real necessity of many of the patients. It is hoped that as a result of physical medicine many veterans who would be bedridden under ordinary conditions will be able to walk and be active again."

Because a dearth of trained personnel exists today in this entire area, men and women are being trained to aid in the rehabilitation programs. Dr Krusen explained Physical medicine, which is a medical specialty, includes the use of the physical and other effective properties of light, heat, cold, water, electricity, massage, exercise, and mechanical

devices in diagnosis and treatment

In setting up the ten-year program, the Baruch committee allocated the following sums Columbia University, College of Physicians and Surgeons, \$400,000, New York University College of Medicine, \$250,000, Medical College of Virgina, \$250,000, for fellowships or residencies, \$100,000, to selected medical schools for immediate work in physical rehabilitation of war casualties and those injured in industry, \$100,000

Of the \$100,000 for minor research projects, Harvard University got \$25,000, the University of Southern California, \$30,000, University of Iowa, \$15,000, University of Illinois, \$15,000, Washington University, \$10,000, and Marquette

University, \$5,000

### Pediatric Oral Exam in December

THE American Board of Pediatrics announces that the oral examination will be held in Atlantic City at the Hotel Claridge, December 7-9 This

change was made because hotel reservations in New York were unavailable. The written examination will be locally under a monitor, October 19

### EMIC Services Extended to Provide Care for Veteran's Wives and Infants

FURTHER extension of the free maternity care for the wives of men in certain grades of the armed forces, and of free medical care for their babies was announced on July 20 by New York City's Acting Health Commissioner Frank A Calderone "Effective as of July 1, 1945," stated Dr Calderone, "the wife of a veteran may apply for maternity care and care for her baby during the first year of hie, un-

der the Emergency Maternity and Infant Care program, even after her husband has been honorably discharged, promoted, or demoted, provided she was pregnant during the period when he was in one of the four lowest pay grades of the services or was serving as an aviation cadet. On the same basis, she may apply if the husband and father is a prisoner of war, missing in action, or dead. Heretofore, the

application for care had to be made while the serv icemsn was in one of the clighle grades Non all that is required to establish eligibility is proof that the wife was pregnant while he was in one of the

eligible grades.
"The infant in these cases is also eligible for full care during his first year of life continued Dr Calderone, "If the father of an infant whose mother did not receive care under the pregram was in one of those grades at any time during the Infant's first year of life the infant's eligibility for

care under the program is established

To give infants the best possible protection, the mother's application for moternity care under E.M.I C now automotically carries with it an ap-plication for the care of the holy if he bocomes ill during the first year of life. And, as under previous arrangements, mothers desirous of advice and supervision for their well halnes may use the facilities of the Health Department's sixty four child-health stations conveniently located throughout the city

We want to be sure that no serviceman's family

who is eligible for care is neglected - concluded Dr. Calderene "Prevision, therefore has been made to care for those wives who are not able to furnish satisfactory evidence of the husband's rank or rating at the time maternity service or sick infant care 13 needed

Pending verification of eligibility the Health Department will authorize whatever service is required. If it is later found that the applicant is incligible because the husband was not in one of the four lowest poy grades at the time of the prug nancy or the illness of the infant, the anthonzation for care under E.M I C will be terminated when such information is officially received. Services provided prior to the lime the patient, physician or hospital is notified of the termination of the author

zation will, however be paid for "
A free booklet on E.M.I.C services, listing the addresses of the child health stations, may be obtained by mailing a request to the New York City Department of Health 125 Worth Street New

1 ork 13, New York

#### The Army Will Release Seven Thousand Doctors Soon

THE War Department, which has been criticized for alleged slowness in releasing doctors stated on July 16 that nine hundred medical corps officers had loft the Army since January 1, and that about seven thousand more would be released in the next nine months.

These discharges a department statement said are "in furtherance of the War Department's policy to return as many doctors to civilian prac-tice as can be spared by military needs"

One thousand medical-corps officers are returning from Europe to this country to relieve shortages of doctors in Army hospitals This also will make it possible to send doctors overseas who have not yet served abroad and to merease the rate of return of doctors to civilian practice, the Army said. It warned, however, that in the last six months the

patient load in Army hospitals in this country had

doubled

The department has maintained that it never had as many doctors as it needed. It was calculated early in the war that 64 000 would be required, whereas only 45,000 were carolled "There will be an initial ign in the discharge of

medical officers over other officers because sick and

wounded soldiers remain in hospitals long after battles are over "tho dopartment stated.

Provision is made, however for their release as soon as possible it said, adding

"The peak load of patients in Army general and convalescent hospitals in the United States is not expected to be reached before lale this fail, assuming that the present ensualty rate in the Pacific con-

The Army also warned that some specialists whose talents are absolutely essential cannot be easily released, and that medical officers in the Pacific cannot be returned "until replacements are available."

#### Rules For Illness Rations Extended by O P A

A DDITIONAL provisions covering the assuance of extra food rations for medical reasons were announced on July 17 by the Office of Pres Administration The O.P.A explained that although rationing regulations have for some time allowed additional food for persons who need it because of illness, assumces for this purpose now can be simple flect on the hasis of exponence gained in handling illness rations in the past. The new prevision vil allow O P.A. regional and district offices, on the ad-vice of regional or district medical committees, to delegate authority to local boards to issue rations for lilinesses that formerly required special handling and individual review by medical committees

The new plan also permits local boards in accopt certifications for ilinese rations signed by any li censed practitioner authorized by the laws of the stata in which he practices to diagnose and treat the iliness for which certification is made. Formerly only a heensed practitioner properly qualified to register under the Federal Narcotic Law could certify applications for lilness rations. July's action amounts to an extension of certification authority to include such practitioners as chirepractors in states where they are authorized by law to diagnose and treat the iliness for which the certification is made

The chonges announced will facilitate the issuance of additional rations in those persons actually need ing extra rationed foods for health With increasing numbers of people sufforing from diotary deficioncies coming back to this country, these steps are necessary to make the rations more readily available, O P.A. said. Explaining the system of granting ex-tra rations for dictory purposes O P A said that when food rationing was first started, it was realized that people suffering from certain diseases would require special consideration OPA, sought sound medical advice in order to give those persons actuolly needing extra rationed food for health the

right kinds and amounts of the required foods.

The National Research Conneil, which is made up of men representing all hranches of medical sel ence and research was asked to advise the agency The Medical Food Requirements subcommittee of this Connell, which has access to the most mod-ern mathods of treating Illness and has studied the dletary needs of persons suffering from various kinds of diseases prepared material listing those illnewes or conditions generally recognized by the medical profession as needing extra food. The subcommittee also included the quantities of food generally prescribed for such diseases. The illnesses or conditions listed by the subcommittee are those on which there is general agreement that additional food is essential. These diseases are diabetes, tuberculosis, chronic nephritis, and cirrhosis of the liver. Also listed are chronic suppurative diseases, burns, and gastrointestinal lesions, and pregnancy and lactation.

Each O P.A local War and Price Rationing Board is guided by prepared charts based on the material developed by the subcommittee of the Council The charts list the illnesses, the kinds of food recommended, and the amounts of each type of food in pounds or quarts Previously, when the local board received an application for extra rationed food from a person suffering from one of the diseases listed on the chart, it could issue the number of stamps required to give that person the kind and amount of rationed food specified on the chart for the particular illness The board thus granted extra rations in the amounts prescribed by the applicant's own doctor, so long as they were within the limits that the Council's subcommittee had recommended to OPA. Applications for extra rationed foods from people with an illness not included on the chart, or requesting quantities of food not specified were referred by the board to the OPA regional or district office for consideration by its medical nanel.

Under the broader plan, the regional or district office, upon the recommendation of the medical panel, may instruct local boards to issue more rationed foods than are listed on the chart. Regional or district offices also may instruct the board to issue specified amounts of rationed foods for diseases other than those listed when applications are received covering physical conditions previously specified by the medical panel. In such cases, the local boards will issue the specified amounts of rationed foods without referring the applications to the district or regional office for consideration by the medical panel.

The medical panels are made up of physicians of the highest standing in their communities. They are volunteers and serve without pay. Such a panel working with OPA's regional or district office reviews applications that are not covered by the material prepared by the Council's subcommittee and, under the broader plan, for those conditions for which the panel has not previously recommended specified amounts of rationed foods. Local boards are guided by the panel's professional advice.

are guided by the panel's professional advice

To apply for additional food rations, the person
needing them and his physician fill out a simple form
that gives OPA the necessary information, that
is, the patient's and the doctor's name and address,
the reason why the additional rations are necessary
or the name of the disease, and an indication, by the
doctor, of the kind and amount of food that is required

### Eye-Bank to Give Fellowships

TEACHING and research fellowships to extend the knowledge and skill required for the delicate operation which restores sight to a blind person with a corneal defect through the grafting of healthy corneal tissue will be established in leading medical schools throughout the country by The Eye-Bank for Sight Restoration, Inc., it was disclosed in New York City on July 16 by Mrs Henry Breckinridge, executive director. To carry on this program of education and research, as well as its other activi-

ties, The Eye-Bank will undertake to raise \$1,000,-000

An initial grant of \$25,000 has been made by the Milbank Memoral Fund to enable The Eye-Bank to function pending the time when the importance of the undertaking may gain recognition and widespread support

It is hoped that financial support will be fortbcoming from the general public in sums of any

amount

### Anniversary of the Army Medical Department

THE Army Medical Department celebrated its one hundred and seventieth anniversary on July 27 of this year with the realization that it has grown into the largest organization of the kind ever known and that it is giving this nation's army the best medical care that soldiers have ever received

From its inception in 1775 shortly after General George Washington became Commander-in-Chief of the Continental Army until the present day, the Army Medical Department has made steady progress in military medicine, it has made scientific discoveries that have benefited all of mankind, but never has its progress in both of these categories been so rapid as in recent years

The Hon Robert P Patterson, Under-Secretary

of War, in a tribute to the work being done by the Medical Department under Maj Gen Norman T Kirk, the Surgeon General, recently said that no army at any time in history has achieved a record of recovery from wounds and freedom from disease comparable to that of the American Army in this war Mr Patterson said also that the Medical Department is attaining new records in almost every field of its endeavor. He cited the Army's record of saving nearly 97 of every 100 wounded soldiers who reach Army hospitals, the disease rate of less than one in one thousand, and similarly startling figures with reference to malaria, the dysenteries, and other diseases, showing that the Medical Department has established effective control on all disease fronts

### County News

### Bronx County

At a meeting in the Concourse Plaza Hotel, the Bronx County Medical Society elected the followmg officers for the ensuing year Dr Frank La-Gattuta, president, Dr Sidney Cohn, president-

elect, Dr Samuel Weiskopf, vice-president, Dr Goodlatte B Gilmore, secretary, and Dr Joseph A Landy, treasurer Committee chairmen are public relations, Dr Henry J Barrow, medical

economics, Dr John L. O Brien, legislation, Dr Harry Aranow, public health, Dr Joseph Golomb, and Dr Philip Eichler, editor of the Bulletin \*

#### Cattarangus County

Dr Leland Stoll, of Salamanea, was elected pred dent of the Cattaraugus County Medical Society at a meeting held on June 14 in Gowanda State Hos-

Other officers of the secrety are Dr R. F Garvey, of Olean, vice-president, and Dr Wendell R. Ames, of Olean, secretary and treasurer

#### Chautauqua County

The summer meeting of the Chautauqua County Medical Society was held on Juno 21 at Shorowood Country Club Physicians of the county attended the session, which included luncheon and o business meeting \*

#### Clinton County

Dr Frank R. Ferlaino, associate medical director of the Schenley Laboratories in Now York City, was guest speaker at a meeting of the Franklin and Clinton county medical societies held in Saranac Lake on June 27

Dr Ferlaino spoke on "Newer Therapeutic Uses of Penicillin and Other Antiblotic Agents in Infectious Diseases and Pulmonary Diseases." Ferlaino for the past two years has been carrying on recearch in this field.

His talk dealt primarily with penicillin and its newer applications in pulmonary diseases, sub-acute endocarditis, and in the prevention of infection in traumatic conditions and the use of poncillin locally in skin infections and dermatologic

Dr Ferlaino is attending physician at the New York Post-Graduate Medical School and Hospital and codirector of the symposium on industrial medicino at that hospital. Ho is a member of the medical board at Stony Wold Sanatorium '

#### Dutchess County

Word has been received that May Victor A Bacile (MC), of Poughkeepsie has been officially commended for "professional ability while serving with surgical units, ' during the heavy fighting on Okinawa.

The letter of recommendation pointed out that Major Bacile worked long hours day and night, car ing for the wounded during the height of the bloody battle last May without regard to his own health

and safety

Major Bacile who was Chief of Surgical Service at Carlisle Station Hospital Pennsylvania, was assigned to the 82nd Field Hospital early this year and was recently transferred to the 7th Field Hospital. He landed in Okinawa at the outset of the fighting and remained there throughout the campaign.

#### Erie County

Dr Ivorite L. Scruggs, Negro physician and member of the board of managers of the Michigan Avenue Y.M.C.A. was elected on June 21 to the board of trustees of the Buffalo Y.M C.A.

A native of Memphis, Dr Scruggs is a graduate of the Medical School of Howard University Washington, D C., where he helped to establish Phi Bota Sigma Fraternity \*

#### Greater New York

The newly elected officers of the American Polish Medical Alliance for the year 1945-1946 are as follows president, Dr Jool Schweig, Jamaica, vice-president Dr Leo Wulman, Bronx, secretary, Dr Leopold Lazarowitz, Manhattan recording secretary, Dr. Izaac Dworecki, Manhattan, and treasurer, Dr. Izaac Lowenter, Manhattan. On the executive board are Drs. D. Bloom, Bernard Ehren preis, Brooklyn, Szymen Malowist, Manhattan, Henry Sokal Brooklyn, Ernest W Stein, Great Neck, Bronislava Suldberg, Manhattan, and Joseph Tenenbaum, Brooklyn

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Meetings will be held every second Wednesday of the month beginning with October

#### Mootgomery County

The Medical Society of the County of Montgom ery held its remiannual dinner and meeting at the Antlers on June 10, with members of the Fulton County Medical Society as guests. The speaker of the evening was Fred U. Finlay, a special agent of the Federal Bureau of Investigation, who gave an interesting account of the activities of the F B I in relation to sabotage and juvenile delinquency

Fulton County physicians present were Dr Avery H Samo and Dr Austin Hogan of Johns-town Dr A. R. Wilsey Dr S. C Clemans Dr H B Riggs Dr Albert F Goodwin, and Dr

Eisemann Gloversville

#### New York County

On termination of a residuary trust set up under the will of Mrs. Edith Dunshee Converse who died Juno 21 Columbia University will receive one half of the principal the income to be used for the maintenance and equipment of a laboratory for refund will be known as the 'Edith Dunshee Con

The Legion of Ment has been awarded to Col. Bradley L. Coley (MC) of New York City for par-forming outstanding services as Surgical Consultant of the Eighth Service Command from 1942 to 1945 The citation declares that "he assisted in organizing the Surgical Service of one hundred and five hospitals, choosing personnel with unusual keenness and areigning them in positions where their talents were used with maximum effectiveness. He over came handleaps coincident with establishing medical Installations and built the command's Surgical Service to a high level of efficiency starting with meager facilities and ilmited personnel With unusual ability and resourcefulness he dealt with other branches of the Army He tirelevely devoted his great knowledge of surgery to providing exceptional surgical care for troops in the Command and to preparing many highly trained surgical officers for duty in theaters of operations. By his unfailing tast judgment, and administrative skill he was in great measure responsible for the excellent record made by the Surgical Service of the Eighth Service Command."

Gov Thomas E. Dewey has reappointed Dr George Bachr of New York City, as a member of the Public Health Council. The term of office is six

<sup>\*</sup> Asteriak indicates that item is from a local newspaper

Dr Baehr has served on the Council since years 1936

The New York City Department of Health has prepared two new leaflets of interest to physicians One, a four-page digest entitled "Penicillin Therapy of Venereal Diseases," is a report on the current use of pennellin in the treatment of gonorrhea and syphilis The other, "Do Your E M I C Patients Bring Personal Troubles, Too?" was designed especially to aid the physician in the referral of social services to patients under the Emergency Maternal and Infant Care Plan It contains information, however, which may be useful in the care of any patient

Physicians, medical societies, and medical students may obtain copies of these leaflets without charge, by writing to the New York City Department of Health, 125 Worth Street, New York 13,

New York

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### Oneida County

Dr Edward Rutherford Cunniffe, president of the Medical Society of the State of New York, was the speaker for the Oncida County Medical Society on July 10 at the Rome Army Air Depot An inspection of the depot at 6 00 PM preceded the meeting at 7 15 P V

### Onondaga County

The executive board of the New York State Association of School Physicians met on June 28 in Syracuse Attending were Dr Clarence A. Greenleaf, president, of Olean, Dr Edgar Bieber, vice-president, of Dunkirk, Dr Clara Adele Brown, secretary-treasurer, of Oswego, Dr Lewis Wade Heizer, of Watertown, Dr William E Ayling, of Syracuse, Dr Michael Levitan, of Rome, and Dr John E Burke, of Schenectady

### Queens County

"Cancer has displaced pneumonia in the death statistics and is second only to heart trouble," Supreme Court Justice Charles S. Colden, of Whitestone, said on June 25 as plans to establish a cancerprevention clinic were made at a meeting in the auditorium of Triboro Tuberculosis Hospital,

A motion by Appellate Justice Frank F Adel. of Kew Gardens, was carried unanimously that a committee of ten doctors and five laymen be formed to determine the ways and means of setting up the

clinic \*

The following story is taken, in part, from the Jamaica Press

Dr Douglas J Glorgio, who closed his Hollis office two rears ago to join the Navy, went through the long battle of bloody Okinawa in the South Pacific ministering to the wounded in a truck-trailer that was converted into a mobile

wounded in a truck-trailer that was converted into a mobile operating room

The story of Dr. Glorgio's work on Okinawa was told today by Sergeant Ed. Meagher a Marine Corps combat correspondent who said that the doctor and his staff christened their trailer Old Indomitable hecause nothing could stop this hospital on wheels.

Meagher writes

"Ashore, coral notwithstanding, Old Indomitable quickly became the pride of the entire Sixth Marine Division's medical battalion, of which E Company is a part.

In any sort of hattle a mobils surgery is useful but the unexpected rapidity of the Sixth's advance on Northern Okthaws made Old Indomitable invaluable. The mobile operating room which should have filled a supporting role, became s star Careening ludicrously behind a six-by-six truck abe rode

at the heels of assault Marines. Over Okinawa roads never meant for trailers of her generous girth—over rutted roads, rocky, boulders, and slippery roads, each a vehicular obstacle course, lumbered the medical trailer.

"Once, to reach a bivouac area near a schoolhouse atop a steep hill, she outdid herself. She climbed a stairway.

"There must have heen fifty or sixty steeps leading up to the school. She humped right up 'em without a stop.

"Old Indomitable's interior is smaller than most Stateside supersize. But the comparable otherwise.—even to a porce-

"Old Indomitable's interior is smaller than most stateside surgeries. But it is comparable otherwise—even to a porcelain sink with hot and cold running water. A generator supplies electricity, there are direct and indirect lighting. "Lieutenant Giorgio snapped a wall switch and the surgery was lit with soft light from fluorescent tubes in the ceiling." "There you are, said Giorgio, 'absolutely the only fluor escent lighting on Okinawa'."

Rensselaer County

Dr John J Quinlan, Troy physician, was the principal speaker at the annual commencement at Heatly High School, Green Island, in the school auditorium on June 27, at 3 00 PM \*

### Richmond County

Dr Leif G Jensen has been released by the US Navy after serving two and one-half years as a lieutenant commander, and has resumed private practice with offices in the Medical Center, Tompkınsville \*

### Rockland County

The regular summer meeting of the Rockland County Medical Society was held at the Rockland Country Club, Palisades, Wednesday, June 27 After a short business meeting, the society was addressed by Mr George P Farrell, director of Medical Care Insurance for the Medical Society of the State of New York Mr Farrell talked briefly on the voluntary nonprofit medical plans in operation throughout the State of New York, explaining in detail the "Doctors' Plan" providing for surgical procedure and in-hospital medical care on a service basis to subscribers whose incomes are within certain limits, doing much to clarify this subject for the physicians present

The meeting was followed by a dinner at which the Society members were the guests of the President, Dr Edwyn O'Dowd

### St Lawrence County

A meeting of the St Lawrence County Medical Society was held at the Massena Country Club on June 14 A luncheon was served at 12 15 PM and the lecture which followed luncheon was given by Dr Ellery G Allen, of Syracuse Dr Allen is assistant professor of clinical medicine and pathology at Syracuse University College of Medicine The subject was "Résumé of Hematologic Disorders Including the Anemias"

### Schenectady County

Lt Col Jacob Frumkin recently was made commanding officer of the provisional general dispensary which services the medical needs of the Allied nations in Paris and was given his present rank, it was reported on June 25

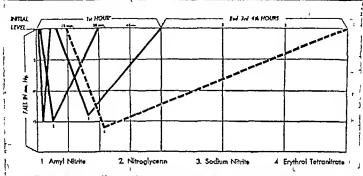
A specialist in urology and a staff member of Ellis Hospital for several years, he is a graduate of Albany Medical College He interned at St Peter's Hospital in Albany and Morrisania Hospital in

New York

Colonel Frumkin entered the army in March, 1940, and was sent overseas in January, 1941 was stationed in England and North Ireland before being sent to Paris 4

[Continued on page 1786]

# PROLONGED REDUCTION OF HIGH BLOOD PRESSURE



Comparative effects of commonly used nitrites on systolic blood pressure in normal individuals. The action of Erythrol Tetranitrate, Merck begins in 15 minutes and persists for three to four hours.

Treatment of arterial hypertension today is necessarily directed toward relief and not cure. When such measures as rest and dietary control have been unsuccessful, the employment of medical treatment is suggested Among the various preparations available, Erythrol Tetranitrate offers the advantage of producing a reduction in blood pressure sufficiently prolonged so that administration three times daily may maintain the reduction. Erythrol Tetranitrate Merck may be prescribed over a protracted period with sustained effect. By dilating the peripheral arterioles, it tends to decrease not only the stress of excessive pressure on the arterial walls, but also to relieve the burden of the heart.





For Prolonged Vasodilatation In Hyperiension



[Continued from page 1784]

### Warren County

The annual meeting of the Fourth District Branch of the Medical Society of the State of New York will be conducted in Glen3 Falls in September, it was decided at a meeting of the executive committee and presidents of the component county societies on June 20 September 21 was selected as the tentative date for the session, and an afternoon meeting and a dinner will be conducted in The Queensbury

### Westchester County

Dr Foster H Bowman, of Yonkers, a member of

the surgical staff of Yonkers General and St Joseph's hospitals, has been released from active duty in the US Navy

Recalled to duty in the Fall of 1943, Dr Bowman, who saw service in World War I, was assigned as executive officer and head of the department of

gynccology at St Albans Naval Hospital In 1914, he entered the Navy shortly after war began in Europe and participated in six campaigns with the Navy and Marine Corps, including San Dominigo, Haiti, and Mexico After this country entered the war, he became director of surgery at New York Naval Hospital, Brooklyn placed in mactive duty in 1921

### Necrology

A Hirst Appel, M D, of Binghamton, died on March 13 at the age of 89 He graduated from

Jefferson Medical College, Philadelphia, in 1878
Raymond Joseph Blum, M D, of Rochester,
died on May 22 at the age of 58 He graduated
from the University of Buffalo College of Medicine in 1910 and served his internship at St Mary's Hospital, Rochester He was a member of the Ene County Medical Society, the Medical Society of the State of New York, the American Medical Association, and the Rochester Pathological Society

Albert S Fay, MD, of Schenectady, died on July 2, aged 74. He graduated from the University of Vermont Medical School in 1896 and had practreed medicine in Schenectady for forty-five years He was a former president of the Schenectady County Medical Society and was consulting physi-cian at Ellis Hospital He was a member of the county and State medical societies and the American Medical Association

William Hildreth Gillespie, Maj, (MC), AUS, died in France on June 7, at the age of 33 He graduated from the College of Physicians and Surgeons, New York City, in 1938, served his internship at

Presbyterian Hospital, and was assistant resident and fellow there until he entered the Army in 1942
Thomas Milton Holmes, M D, of Delmar, died on July 15 at the age of 65
He graduated from Albany Medical College in 1909, and had practiced in Delmar for thirty years He also served as surgeon for the New York Central and Boston and Albany railroads He was a member of the Albany County Medical Society, the Medical Society of the State of New York, and the American Medical Associa-

William Richard Janeway, M. D., of New Brighton, died on June 16, aged 63. He was a graduate of the College of Physicians and Surgeons, New York City, in 1907, and interned at St. Luke's and Lying-In Hospitals, New York City He was obstetrician at Staten Island Hospital and was associated with St Luke's Hospital Dr Janeway also worked in the Public Health Service Laboratory at Quarantine Station and was a director of the New York Tuberculosis and Health Association and chairman of the Staten Island Tuberculosis and Health Committee He was a member of the Richmond County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Edwin Brown Jenks, MD, of Diamond Point, died on July 17 at the age of 68 He graduated from New York Homeopathic Medical College in 1901 He was the organizer of the Diamond Point, Bolton Landing, and Lake George Medical Units and was a member of the county and State medical and was a member of the county and State medical

societies and the American Medical Association
Horace Louis Leiter, M.D., of Cazenovia, died
on June 21 in Boston, aged 67 Dr. Leiter graduated from the College of Physicians and Surgeons, New York City, in 1903, and was for many years on the staff of University Hospital, Syracuse He was a member of the American Urological Society and a retired member of the county and state societies

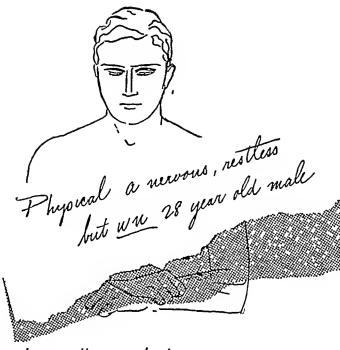
Inte Ignaz Lourie, M.D., of Brooklyn, died on June 21 at the age of 69 Dr Lourie was a native of Russia but received his medical degree from Long Island College of Medicine in 1904. He was formerly associated with Post-Graduate, Trinity, and Israel-Zion hospitals, and was a member of the county and State medical societies and the American Medical Association

David Robert Rodger, M D, of Queens, died on June 27 at the age of 90 After serving for two years as superintendent of the New York Juvenile Society he received his medical degree from the College of Physicians and Surgeons, New York City, in 1888 He was a member of the Queens County Medical Society, the Medical Society of the State of New York, and the American Medical Associa-

Myron Herbert Simmons, MD, of Oak Hill, died on July 18, aged 87 He was graduated from Albany Medical College in 1880, and practiced in Orange, New Jersey for thirty years In 1944 the Alumni Association of Albany Medical College gave Dr Simmons its Gold Decoration in recognition of fifty years of meritorious service to human-

George Edward Smith, M D, of Hoosick Falls, died on June 18 at the age of 50 He graduated from Albany Medical College in 1918 and served his internship at Troy Hospital following nineteen He was a member of the months in the service

[Continued on page 1788]



### how well nourished?

"W N" is quick and easy to write, but good nutritive status cannot be taken for granted

Actually, how well nounshed is the diabene or hypertensive or peptic ulcer patient? Only careful evaluation will determine whether nutritive failure exists as a result of his special diet.

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Squibb Basic Formula is founded on the clinical experience of Spies! 2 and Jolliffe and Smith—and is the same formula used by them.

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## Basic Formula SQUIBB

 Spies Tom D; Cegswell Robert C., and Vilter Carls J.A.M.A. (Nev 18) 1944. Spies Tom D: Med. Clin. N. Am. 271772 1944. 2. Spies Tom D: J.A.M.A. 132.911 (July 31) 1943. 3. Joillife Norman, and Smith, James J: Med. Clin. N. Am. 271567 (March) 1943 [Continued from page 1786]

county and state medical societies and the American Medical Association

Jonathan Mather Stafford, MD, of Essex, died on March 23 at the age of 76 He graduated from the medical school of the University of Vermont in 1896 He was a member of the Essex County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Harold Glen Stevenson, M D, of Utica, died on May 4, 1945, at the age of 50 He graduated from the University of Toronto School of Medicine in

1920, served his internship in Isolation Hospital, Toronto, and was resident of Eagleville Sanatorium, Eagleville, Pennsylvania At the time of his death he was staff physician at Broadacres Sanatorium He was a member of the American Trudeau Society, the Oneida County Medical Society, the Medical Society of the State of New York, and the

American Medical Association
William Edward West, M.D., of Garnerville,
clied on June 24 at the age of 76 Dr. West graduated from the College of Physicians and Surgeons, New York City, in 1895, and practiced in New York

City for many years

### THE PUBLIC HEALTH CANCER ASSOCIATION

The Public Health Cancer Association of America was formed at the Second Wartime Public Health Conference of the American Public Health Associa-tion in New York City — Its purposes are to provide Its purposes are to provide for interchange of ideas among persons engaged in cancer control programs, to hold an annual meeting, uid to encourage cooperative research in the methods and results of cancer control measures It is the representative organization of professional workers

ni cancer control

The new organization reflects the growing activity in cancer control on the part of official licalth In addition to members of the American Cancer Society and of the National Cancer Institute, the founders include representatives of nine state health departments (Connecticut, Georgia, Illinois, lowa, Michigan, Massachusetts, New York, South Carolina, West Virginia), two state cancer commissions (Vissouri and Vermont), one city health

department (New York), one county health department (Nassau County, New York), and one district state health office (Syracuse, New York)

Officers of the Association are president, Dr Herbert L Lombard, director, Division of Adult Hygene, Massachusetts Department of Health, Boston, vice-president, Dr Raymond V Brokaw, director, Division of Cancer Control, Illinois Department of Health, Champaign, Illinois, secretary-treasurer, Dr Morton L Levin, assistant director, Division of Cancer Control, New York State Department of Health, Albany

Although the Public Health Cancer Association is not formally affiliated with the American Public Health Association, its officers were active in arranging the cancer symposia which were held in conjunction with the last two annual meetings of the latter organization Bull Am Cancer Soc, May

### NATIONAL INSTITUTE OF HEALTH RESEARCH FELLOWSHIPS

The Public Health Service announces the creation of National Institute of Health research fellowships, ifter July 1, 1945

The jumor research followships will be available to those holding master's degrees in the sciences (such as physics, chemistry, entomology, etc.) alhed to public health, from an institution of recognized standing The stipend will be \$2,400 per annum

The semor research fellowships will be available to those holding a doctor's degree in one of the sciences allied to public health The stapend will

be \$3,000 per annum

These fellowships will offer an opportunity for study and research at the Institute or some other institution of higher learning, in association with highly trained specialists in the candidate's chosen field

Letters of inquiry should be addressed to the Director, National Institute of Health, Bethesda 14, Maryland -Pub Health Rep , June 15, 1945



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### Hospital News

### Index of Current Hospital Literature Published by A H A

PUBLICATION of the first issue of a continuous index of current hospital literature-making available for the first time in one place lists of articles dealing with bospital problems—is announced by the Bacon Library of the American Hospital Association Twice yearly, in January and July, this unique index will present in book form a comprehensive list of articles appearing in current periodicals of the previous six months

Available at a subscription cost of \$3 00 per year, the index is a reference source for material on specific subjects and is also an author index Current trends and thinking are brought out in the subject

headings which serve as a guide to reading

Listing by both author and subject articles which

discuss some phase of hospital administration or a subject of interest to hospital people, the first copy, now just off the press, indexes sixty-six different periodicals Complete bibliographic information is given for each entry

Size  $5^{1/2}$  by  $8^{1/2}$  inches, the index will be punched so that copies may be kept in a binder In addition, a cumulative index will be published at the end of

citber three or five years

Hospital administrators, students, librarians, and others interested in hospitals-their improvement and their problems-may subscribe to this worthwhile publication by writing to its initiator—the Bacon Library of the American Hospital Association, at 18 East Division Street, Chicago 10, Illinois.

### At the Helm

Chester H Lang was re-elected president of the board of managers of Ellis Hospital, Schenectady, at a meeting on June 25 Others elected were R. H White and Arthur S Golden, vice-presidents, Allen D Marshall, treasurer, and W Howard Wright,

Elected managers of the bospital association were Mr Golden, Jesse R. Lovejoy, Charles G Mac-Mullen, Joseph Nushaum, John Weber, Mr Wright, and Ellis F Auer \*

The Meyer Memorial (City) Hospital Board of Managers in Buffalo on June 25 named Dr. William Jacobs as acting superintendent pending the selection of a successor to Dr William T Clark Efforts to fill the post have eaused much discussion m medical, political, and educational circles, particularly because of the nomination of OPA Director Thomas J Reese, a nonmedical man, who

Dr Jacobs is hospital pathologist and has been associated with the institution more than twentyfive years. His name was placed before the board by Dr Clark, whose resignation became effective

July 1 \*

Miss Hazel Hallett, who has been superintendent of the Little Falls Hospital for six years, will become superintendent of the Utica Memorial Hospital September 1, succeeding Miss Julia Hardy, who is retiring after twenty-eight years in that post Sbe is a member of the Central New York Hos-pital Council and the American Hospital Associa-

tion \*

Two new interns and a new resident physician joined the staff of Mount Vernon Hospital July 1, it was announced on June 21 by Donald Morrill,

superintendent of the bospital
Replacing Dr Paul Lowy as resident is Dr
Clinton S Scholes, Jr, who interned at United
Hospital, Port Chester Dr Scholes, whose home is

\* Asterisk indicates that item is from a local newspaper

in Essex, Connecticut, received bis Bachelor's degree in 1942 at Dartmouth and bis M D at Tufts College Medical School in September, 1944 He is an ensign in the Naval Reserve

The new interns, both of whom are in the military reserves, are Dr Fred Anthony Valusek, of Newburgh, and Dr Joseph A Lombardi, of Mount Vernon Both received their degrees this Spring at Marquette University School of Medicine

They replaced Dr Giovanni Nuzzi and Dr Mario V Bisordi Dr Nuzzi became extern on the staff of the hospital The new interns, as well as Dr Scholes, will serve through April 1, 1946 \*

The appointment of Mrs Jacob Druschen, of Furnace Woods, by Superintendent Margaret Donnelly, as assistant superintendent of the Peekskill Hospital, has been approved by the Board of Directors \*

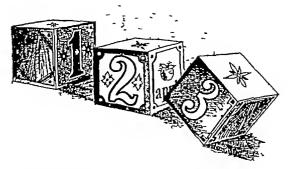
Two new members of the board of directors of the Samaritan Hospital were elected at a meeting of the board on June 20 at the Troy Savings Bank They are Mrs William Leland Thompson and Mrs Peter L Harvie

A new plant and maintenance committee was named to include Chauncey W Cook, Mrs. Henry J. Sidford, Francis E Gallagber, Mrs Henry J Eckert, Mrs Frank H Deal, Mrs William P Dauchey, Mrs Charles E Smart, Miss Gertrude M Hawley, and Mrs George W Brown

Members of the new financial committee are Barnard Townsend, John Paine, and Harry Mc-

The new School of Nursing committee includes Dr Ray Palmer Baker, president of the board, Mrs Helen L Warren, superintendent of the hospital, Mrs Lydia M Baker, principal of the School of Nursing, Miss Gertrude S Norton, Mrs William Leland Thompson, Stephen H Sampson, and Clark Cipperly, all members of the board, Miss Helen Massey, president of the Nurses Alumnae Association of the hospital, Dr Douglas A Calhoun, vice-president of the medical staff, Prof W F

[Continued on page 1792]



### In the control of diarrhea,

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- 1. Removing the etiologic agent
- 2 Protecting the intestinal tract against further trauma
- 3 Restoring normal function

AVAILABLE IN 10 FLUIDOUNCE BOTTLES

\*Trademark, Reg U S. Pet. Off.

FINE PHARMACEUTICALS SINCE 1886



[Continued from page 1790]

Spafford, and Dr James C Boland, commissioner of public health in Troy

Dr E A. Jacobs, of Hudson, chief roentgenologist at the Greene County Memorial Hospital, Catskill,

in addition to his x-ray work there, has become assistant to Dr Cole, chief roentgenologist at the Hudson City Hospital Dr Jacobs began his work at the Hudson City Hospital on July 1 He will continue his duties at the Catskill institution

Before specializing in x-ray work Dr Jacobs was in general practice in Hudson for many years \*

### Newsy Notes

A \$98,700 subscription to the Buffalo General Hospital's \$4,000,000 building fund by Spencer Kellogg and Sons and Mr and Mrs Howard Kellogg, Sr was reported on June 25 by Carlton P Cooke, campaign chairman

Of the total, \$67,500 which was given by the firm is to be used to build, furnish, and equip an intern's laboratory, basal metabolism department, and a chemistry lecture room on the second floor of the enlarged hospital The rooms are to be dedicated in memory of Spencer Kellogg, founder of the com-

Two nursenes on the tenth floor will be established with the \$24,000 gift of Mr and Mrs Kellogg One will be dedicated to the memory of Mrs Cyrena Case Kellogg and the other in memory of Mr Kellogg's mother, Mrs Jane Morriss Kellogg

Through the remainder of the gift, Mrs Kellogg and Mrs Louis Hausman will dedicate a four-bed room in memory of their parents, Mr and Mrs Henry May \*

The St Joseph's Hospital, Elmira, Board of Directors ordered on June 22 plans prepared and preliminary studies made for a new maternity and pediatries building to be erected after the war The present maternity annex will be converted

into the convalescent branch of the hospital The hospital board also decided to enlarge the

institution's laundry

Date of beginning the new construction will depend largely on priorities and availability of materials Officials pointed out it would take some time to make the preliminary studies, decide what type of building will be desirable, and have detailed plans

Flushing Hospital, Queens, authorities, who for some time have been confronted with the growing need for additional facilities at the institution, have decided to complete the third floor of the new wing, which was left unfinished when the addition was built in 1927

The project, which is to cost about \$60,000, will be completed in September and will contain rooms und facilities for thirty-seven additional beds for medical and surgical cases Tlus will bring the hospital's bcd capacity to three hundred and fifty-eight, Judge John M Cragen, of Elmhurst, presi-dent of the Board of Trustees said on June 22 \*

The contagious ward in the new south wing of Tompkins County Memorial Hospital, closed some time ago for lack of nurses and other help, was reopened on June 25 for two weeks to care for tonsillectomies, Mrs Irene Oliver, hospital superintendent, announced

The ward can accommodate approximately 15 Registered nurses not employed by the hospital, Red Cross nurse's aides, and the Gray Ladies made possible the opening for the period \*

More than one hundred members of the Mount Vernon Hospital staff, the Mount Vernon Medical Society, and the hospital Board of Trustees, with their wives, attended an outing on June 20 at Leewood Golf Club Golf in the afternoon was followed by dinner

Among those present were several local physicians

recently returned from overseas service
Introduced by Dr. Henry W. Kaessler, president
of Mount Vernon Hospital General Staff, who presided at the dinner, Dr William A. Kelly, president of Mount Vernon Medical Society, called attention to the fact that the Mount Vernon Medical Society is celebrating its fiftieth anniversary this year \*

Cooperation of the Newburgh Chambor of Commerce with officials of St Luke's Hospital in an effort to provide improved ambulance service for Newburgh was proposed to Chamber directors on June 21 by Morris B Wallach, chairman of the Chamber's Safety Council.

Delays in responding to emergency calls and a comparison with the ambulance service furnished by Cornwall Hospital featured the discussion, but no action was taken by the Chamber directors, pending a reply from C B Allen, superintendent of St Luke's, to a letter in which the Safety Council offered to help get an ambulance for St Luke's as a means of remedying existing conditions

A victory center committee headed by Mrs. Frederick A Kreuzer offered its aid on June 20 in relieving the help shortage in Syracuse hospitals

At a meeting of the Syracuse Hospital council at new Syracuse General Hospital, Mrs Kreuzer agreed to refer women for volunteer and paid positions in maintenance and housekeeping Kreuzer's committee deals with replacement of women who lose war jobs because of reconversion

The late George Tuttle, civil engineer and former resident of St George, left \$5,000 to Staten Island Hospital and \$1,000 to the Staten Island Institute of Arts and Sciences, it was disclosed late in June when his will was filed for probate in Manhattan Surrogate's Court \*

For the second time the Police Benevolent Associa-[Continued on page 1794]

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[Continued from page 1792]

tion has contributed to the New Rochelle Hospital, it was announced on June 25 Patrolman Daniel Kraft, president of the association, has turned over to Alex Norton, superintendent, a \$500 check to endow one of the new rooms in the huilding to be erected this year A room in the present hospital huilding was endowed by police several years ago \*

Dr George S Reiss, president of Long Beach Hospital, announced on June 23 that the name of the institution has officially heen changed to the "Memorial Hospital of Long Beach," in keeping with the plan to make it a memorial to the men from the area killed in the war \*

The Ossining Hospital huilding fund drive swept far beyond its \$300,000 goal as final reports at a dinner meeting on June 25 at the Briar Hills Golf Cluh revealed total subscriptions of \$335,219 66

The subscription will provide a new wing, increasing the hospital's capacity to 115 patients, and

also provide a nursery for newborn infants

A children's wing will he huilt on the first floor of the original building, and the new wing will contain a thoroughly modern delivery suite, a surgical department, and x-ray and physical therapy departments \*

The Onondaga Sanatorium and the county home hospital will benefit materially through action by the board of supervisors at its special meeting on June

25 The major part of surgical instruments, medical supplies, and medicines purchased by the county at a cost of approximately \$5,000 in the early days of civilian defense will be transferred to the two institutions through liquidation of the Onondaga County consolidated war council \*

A special tuberculosis department in the new Buffalo General Hospital huilding will play a major role in the area's fight to reduce a high mortality rate attributed to the disease, Dr Miller H Schuck of the hospital staff, said on June 23

Crediting the Buffalo and Eric County Tuberculosis Association with a "splendid program to promote discovery of the disease," Dr Schuck pointed out that the new department at the General Hospital will he mainly for diagnostic and surgical treatment of patients \*

The tuberculosis admission hureau of the Department of Hospitals, formerly located at 125 Worth Street, now has its offices at 535 East 80th Street, New York City The telephone number is REgent 7-3400 Application cards should be sent to the new address

The Goldwater Memorial Hospital has a position as jumor executive physician, at \$1,740 a year, open Interested applicants may apply by letter or phone (PLaza 3-1860) to Dr C G Scherf, medical superintendent, Goldwater Memorial Hospital, Welfare Island, New York 17, New York

### HEALTH DEPARTMENT WARNS WILD MUSHROOMS MAY CONTAIN DEADLY POISON

Pointing out that many of the varieties of wild mushrooms growing in and around New York City contain deadly poisons, Acting Health Commissioner Frank A. Calderone appealed to New Yorkers not to gather or eat any mushrooms found growing wild in the parks or in the countryside outside the city. Dr. Calderone revealed that during the Fall of 1944, 9 cases of mushroom poisoning were reported to the Health Department. Two of these cases resulted in death

"One of the most dangerous things about wild mushrooms," said Dr Calderone, "is that there is no general way of distinguishing the edible from the poisonous varieties. There are some 80 types of poisonous mushrooms with a great range of shapes and colors. Several of them are very similar to the edible types which are so highly prized on the dinner-table.

"Unfortunately," Dr Calderone continued, "taste offers no safeguard, for some of the most deadly species have a delicious flavor. Nor is there any truth to the belief that poisonous mushrooms can be detected by peeling them or by placing a silver spoon in the pan in which they are cooking to see if it darkens. Such so-called tests are mere superstitions and have absolutely no value."

Dr Calderone then warned that one variety of poisonous mushroom which flourishes in this area is

very similar in shape and color to an edible wild mushroom which is found in Southern Europe People who are familiar with the European species and have heen accustomed to pick and eat these mushrooms often mistake the New York type for the edible one Many of the mushroom-poisoning cases in this area can be traced to this error

"It should also be remembered," Dr Calderone emphasized, "that no amount of cooking—no matter how long or under what pressure—can destroy the injurious substances found in wild poisonous mushrooms. These poisons are so potent that a considerable percentage of the people who become ill after eating poisonous mushrooms die Young children are especially susceptible and in certain cases, only a small part of a single mushroom has been sufficient to cause death.

"Residents of New York City need not endanger their lives by eating wild mushrooms they have picked or purchased from itinerant peddlers who also cannot distinguish the edible from the poisonous types. Mushrooms offered for sale in the markets of this city are especially cultivated and are absolutely safe," he concluded "By buying her mushrooms from a reliable merchant, the New York housewife can he sure of giving her family a food which is a wholesome, tempting addition to the daily menu."



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### Correspondence

June 28, 1945

To the Editor

In your issue of June 15, there is presented an article by Dr John H. Garlock (page 1309) on "Further Experiences with the Surgical Treatment of Intractable Ulcerative Colitis" In his article the author states that he is presenting his "present viewpoint based on an analysis of 68 cases"

In the factual data which follow, there are many confusing statistical features, most particularly related to the very finite question of surgical mor-These warrant clarification in view of the importance of this problem to surgeon, internist, and patient alike Dr Garlock states that "between September, 1937 and April, 1944 we have In 38 instances the operated upon 68 patients primary operation was ileostomy Of the remaining 32 patients, 5 were subjected to subtotal colectomy." Since this totals 70 patients, it may be that two patients were included in both series If this is so, it should be stated

In the first group of Dr Garlock's patients in which "the primary operation was ileostomy" there were six deaths, a mortality of 15 7 per cent. It is to this figure that Dr Crohn refers in his discussion which follows the article In the 32 patients of the second group, "there were no deaths," so that the reader is justified in concluding that the over-all surgical mortality is six in 68 (or 70) patients, ap-

proximating 11 per cent

Since reference to the remainder of the text indicates that the mortality is in excess of 26 per cent, it would seem that you, as editor, and Dr Garlock, as author, owe it to your readers to present some explanation of the discrepancies more particularly

described in my next paragraphs

Of the 38 patients who had a primary ileostomy, 21 had a secondary subtotal colectomy with four deaths. Of the survivors of the two-stage operation in this original group of 38, "one developed a severe recurrence in the rectum three weeks after the operation and died of peritonitis from a perforation of the upper rectum", another "died one year later of intestinal obstruction caused by torsion at the site of anastomosis", another 'died three years after operation of intestinal obstruction caused by a band, with gangrene of a portion of ileum " If our interpretation of Dr Garlock's writings is correct, there were therefore thirteen surgical deaths in the primary

group of 38, or something in excess of 34 per cent!
Unfortunately, this is not the end of the story of
mortality, since Dr Garlock speaks of three other subgroups These obviously do not belong with the primary ileostomies, so that it must be assumed that they are included in the remaining group of 32 patients in which it is claimed there had been no In this final trio of subgroups, there were six who had primary transverse colostomies Of these, "one patient died after an abdominoperineal resec-In another group of 13, "one patient died three-ears later of intestinal obstruction caused by a band" In a miscellaneous group of 10, "two died postoperatively, one of sulfamilamide hepatitis and the other of peritonitis caused by unnecessary and ill-advised handling of the cecum at the time of operation" Another was "submitted to an illadvised and poorly executed operation and succumbed to generalized peritonitis". These additional deaths, added to the 13 in the ileostomy group, bring the total to 18 deaths in what is stated

to be "an analysis of 68 cases" This figure gives a total immediate and delayed surgical mortality of 26 per cent<sup>1</sup>

That these discrepancies require explanation and

clarification, there can be no doubt.

Yours, HAROLD THOMAS HYMAN, M D 940 Park Avenue, New York City

July 16, 1945

To the Editor

I welcome the opportunity of answering the letter of Dr Harold T Hyman which you so kindly sub-

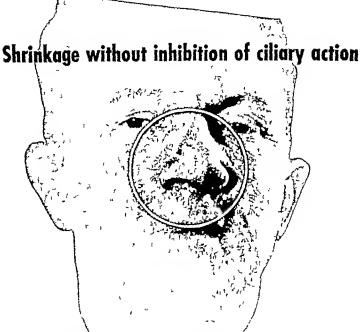
It is surprising that Dr Hyman was so "confused" by the statistical features of this article, because by the simple process of subtraction and addition one could with ease follow the trend of thought expounded in this paper. It was not my intention to enter into an extensive statistical review of the material presented. As indicated in the title, the paper related our further experiences in the definitive surgical treatment of intractable ulcerative colitis in an attempt to place such therapy on a sound scientific basis and present the unvarished facts relating to, first, the indications and mortality of ileostomy, second, the risk involved in the more extensive colon resections, third, the future outlook of patients subjected to surgical therapy, and finally, to my mind an important feature, the eventual out-come of patients who had original disease in the rectum and in whom re-establishment of intestinal

continuity was finally effected

Let me try to clarify some of the simple arithmetical processes so that even Dr Hyman can under-Between September, 1937 and April, stand them 1944, we operated upon 68 patients In 38 instances the primary operation was ileostomy In these 38 cases there were 6 deaths Six from 38 leaves 32 These are the 32 cases which Dr Hyman "confused" The total still remains 68, and Of these 32 patients in the ileostomy group it is specifically stated in the paper that 5 of these 32 were subjected to subtotal colectomy in one or two stages, followed by abdominopermeal resection of the rectum There were no deaths in this group of 5 From the simple English of the paper and the simple mathematics, even Dr Hyman, in his enthusiasm, has no justification for concluding that the over-all surgical mortality is 6 in 68, In 21 instances of the original Let us continue ileostomy survivors subtotal colectomy was per-There were 4 deaths in formed in each instance this particular group and the causes of death veri-Four from 21 fied by autopsy are clearly described. Four from 21 leaves 17 Six of these 17 patients have had reestablishment of intestinal continuity It is stated specifically what happened to each patient in this In the remaining 11 no other surgical group of 6 procedure has been carried out

The remainder of the article is concerned with subgroups of ulcerative colitis involving segmental, right-sided, and left-sided colitis. A more than casual knowledge of the subject is required to understand the reasons for dividing this into sepa-Not only is the surgical approach difrate groups ferent, but the prognosis and the type of patient

[Continued on page 1798]



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[Continued from page 1796]

under consideration varies considerably from that encountered in cases of diffuse ulcerative colitis

In the paper I have made a conscious effort to present as baldly as possible the actual story of the surgical treatment of ulcerative colitis from the favorable comments I have received I believe this purpose has been accomplished Perhaps Dr Hyman should confine his medical reading to subject matters which do not entail an extensive

knowledge of simple arithmetic While I appreciate his interest in reading the article and commenting upon it, I am sure you will agree with me that his enticisms are without foundation.

Very truly yours,

JOHN H GARLOCK, M D 50 East 77th Street New York City

### SENESCENCE, SENILITY, AND CRIME

The relation between age and crime is significant East1 emphasizes that most magistrates are not appointed until they have reached middle age, this preponderance of middle age and elderly judges, he feels, may be far from desirable in cases involving juvenile crime East quotes a circular in 1936 which declared that, "apart from the obvious advantages attaching to quickness of hearing and of sight in a justice, there is the fact that as time goes on men and women justices are apt to lose the freshness of mind and sympathy and the up-to-date knowledge of social conditions which are of extreme importance for successful work in the juvenile courts" The particular problems of the aged or senile person who commits a crime deserve special Although this report cites British figures and British problems, there is ample reason to believe that the situation in the United States is in most respects parallel The trial of aged persons by their contemporaries may be unsatisfactory, East says Age itself is not necessarily a true measure of senescence, using that word for the normal process of growing old, or of semility, used in a sense of abnormal mental states which sometimes supervene toward the close of life Consequently, special attention should be given to the manner of thought and behavior of the aged The onset of normal old age, or senescence, is a physiologic condition rather than a pathologic state, and it is therefore difficult to determine its onset. The chronologic age is often misleading as an index of the onset of this physio-logic process authorities have placed it in the early forties, at 55, at 65, and probably at many other Most modern students are inclined to agree with the late Sir Humphry Rolleston that in healthy persons the onset of senescence is so stealthy that it is seldom suspected by the person himself One man may be senile at 60 while another is vigorous in both mind and body at 80 In criminology the important feature of normal senescence is the degree of control exerted by the will when directed toward the discouragement of illegal acts which would put the interests of the individual ahead of those of society in general. East adds to this the action of the will in encouraging activities which are legal and useful to society, however strongly they may be opposed to the desires of the participant. When the hitherto blameless senescent becomes involved in illegal behavior as a result of mental deterioration,

he deserves, East says, the fullest understanding from those who judge him, and this requires insight into the background of his mental life

Normal aging passes into sensity when the impairment of intellectual, emotional, and volutional attributes of mind becomes excessive and the mental activities are imperfectly synchronized with resultant inability to form well-considered opinions, to evert sustained effort, and when social maladjustment results. The reason sensity develops in some persons and not in others appears to depend, at least in part, on the inherent constitutional makeup and the degree of cerebral arteriosclerosis present on the stresses which they have experienced, and indirectly on the manner of life Used in this sense, indirectly on the manner of life the term senility would be restricted to semile and arteriosclerotic dementias Although aged prisoners are generally treated under a milder form of discipline than others, the mental background of the offender before trial is also important but has received less attention than is due it. In matters involving eriminal responsibility in the aged, East says attention must be paid not only to the standards of so-called normal persons but also to the conduct and mental condition of the semile offender during his younger years Where mental abilities during his younger years. Where mental abilities are superior during the prime of life, it is especially easy to overlook perceptible degrees of deterioration due to age because the offender is compared with those of merely average intelligence and ability of comparable years

Out of a group of 9,197 prisoners of both sexes in the prisons of England and Wales recently convicted for various offenses, 290 were aged 60 years or over Of these, 71 were first offenders and 194 had been previously convicted three times or more number and proportion of aged persons in the population is constantly increasing. Although the incidence of crime among the aged and senile will doubtless years in removes to bared the senile and doubtless vary in response to hereditary, social, and economic factors as well as to age, the problem will doubtless increase more or less consistently working contact between physicians familiar with the mental problems of aging and of the courts 15 highly desirable in order that the cause of justice may be best served for those criminals of older years whose actions are affected by senescence or semility

1 East W Norwood J Ment. Sc. 56 (Oct.) 1944

-J.A.M A , Feb 24, 1945

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### **Books**

Books for review should be sent to the Book Review Department at 1318 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification. Selection for review will be based on merit and interest to our readers

### RECEIVED

The Neurologist's Point of View Essays on Psychiatric and Other Subjects By I S Weehsler, M D Octavo of 251 pages New York, L B Fischer Pub Corp , 1945 Cloth, \$3 00

Radiologic Examination of the Small Intestine By Ross Golden, M D. Quarto of 239 pages, illustrated Philadelphia, J B Lippincott Co , 1945 Cloth, \$6 00

The Doctor's Job By Carl Binger, M D Octavo of 243 pages New York, W W Norton & Co, 1945 Cloth, \$3 00

The Medical Clinics of North America. Nationwide Number March, 1945 Octavo Philadelphia, W B Saunders Company, 1943 Published bimonthly (six numbers a year) Cloth, \$16 net, paper, \$12 net

My Second Life By Thomas Hall Shastid, M D Octavo of 1,174 pages, illustrated Ann Arbor, George Wahr, 1944 Cloth, \$10

Mass Radiography of the Chest. By Herman E Hilleboe, M D, and Russell H Morgan, M D Duodecimo of 288 pages, illustrated Chicago, Year Book Publishers, Inc., 1945 Cloth, \$3 50

Bronchial Asthma. By Leon Unger, M.D. Octavo of 724 pages, illustrated Springfield, Ill, Charles C. Thomas, 1945 Cloth, \$9.00

Approved Laboratory Technic. Clinical, Pathological, Bacteriological, Mycological, Virological, Parasitological, Serological, Biochemical and Histological By John A Kolmer, M D, and Fred Boerner, V M D Fourth edition Octavo of 1,017 pages, illustrated New York, D Applicton-Century Co, 1945 Cloth, \$10

The Examination of Reflexes A Simplification By Robert Wartenberg, M D Duodecimo of 222 pages, illustrated Chicago, Year Book Publishers, Inc., 1945 Cloth, S2 50

The Midwest Pioneer His IIIs, Cures, and Doctors By Madge E Pickard and R Carlyle Buley Quarto of 339 pages, illustrated Craw fordsville, III, R E Banta, 1945 Board, \$500

Clinical Cystoscopy A Treatise on Cystoscopic & Technic, Diagnosis, Procedures, and Treatment. By Lowrain E McCrea, M D Drawings by B Engle Shaffer Two volumes Large octave of 1,056 pages, illustrated Philadelphia, F A Davis Co, 1945 Cloth, \$25

Doctors at War Edited by Morris Fishbein, M D Octavo of 418 pages, illustrated New York, E P Dutton & Co, 1945 Cloth, \$500

### REVIEWED

Savill's System of Clinical Medicine Dealing with the Diagnosis, Prognosis, and Treatment of Disease For Students and Practitioners Edited by E C Warner, M D Twelfth edition Octavo of 1,168 pages, illustrated Baltimore, Williams & Wilkins Co , 1944 Cloth, \$9 00

The twelfth edition of this convenient volume on clinical medicine is at hand. This work is unusual in that its approach to disease states is via the presentation of symptoms and signs rather than through a consecutive listing of diseases. The system in one volume furnishes a handy quick reference work for the general practitioner and student.

George E Anderson

Essentials of Syphilology By Rudolph H. Kampmeier, M D. Duodecimo of 518 pages, illustrated Philadelphia, J. B. Lippincott Co., 1943 Cloth, \$5.00

This is a most surprisingly complete book on the subject of syphilis for one so small. It has been prepared by its author as "a brief text on syphilis for the practitioner of medicine". Five hundred about the practitioner of medicine "Five hundred about the highlights, some of which are the biology of the infection, including the natural course of the disease, the routine of history taking and examination of the patient, wherein many important points are stressed, the serologic diagnosis of syphilis which considers false-positive or false-

negative reactions, fluctuating responses, and evaluation studies. Therapeutic agents up to the time of penicillin are adequately presented.

Succeeding chapters on primary and secondary syphilis, with the special features and complications of early syphilis, are given. The author discusses quite well latent syphilis and late benign syphilis, indicating how and when these patients are to be treated, and when the patient deserves more consideration than the disease, by withholding treatment.

A chapter on syphilis and pregnancy is well presented, giving a brief but sane outline for the treat-

There are comparatively few photographs (about picty) and charts, but these presented are well

There are comparatively few photographs (about eighty) and charts, but those presented are well chosen. The entire book is well made and well written. It deserves a place in the library of every doctor or student who wants to be able to find quickly the essentials of syphilis in diagnosis, symptomatology, or treatment.

E ALMORE GAUVAIN

Health and Hygiene A Comprehensive Study of Disease Prevention and Health Promotion By Lloyd Ackerman Octavo of 895 pages, illutrated Lancaster, Pa, Jaques Cattell Press, 1943 Cloth, \$500

This volume is designed primarily as a textbook [Continued on page 1802]



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[Continued from page 1800]

for courses in the last two years of college or during the first years of professional education. It is full of valuable information and is written in a most readable style. It is a definite addition to the limited number of up-to-date texthooks in this field

THOMAS D DUBLIN

An Atlas of Anatomy In Two Volumes By J C Boileau Grant Volume II Vertebrae and Vertebral Column, Thorax, Head and Neck Quarto of 390 pages, illustrated Baltimore, Williams & Wilkins Co, 1943 Cloth, \$500

Although this atlas is not as complete as several of those of the older existing ones, it does show in greater detail many surgically interesting parts of the hody. It is, therefore, recommended to the physician as a useful adjunct to his library

WALTER SCHMITT

Rehabilitation, Re-Education and Remedial Exercises By Olive F Guthrie Smith Octavo of 424 pages, illustrated Baltimore, Williams & Wilkins Co , 1943 Cloth, \$600

Deformities and disabilities following injury have always constituted a large part of the problems of the orthopedic surgeon, and now wartime conditions have greatly increased their number and severity Thus the author and her associates have produced a book which is indeed timoly, being based as it is largely on actual war casualty experience Several novel points revising the usual concepts of kinc-siology are advanced, all of which appear to be logical and advantageous The importance of reeducation of affected muscles is stressed throughout the book, as is the correction of contractures and other deformaties. Interesting chapters are devoted to rehabilitation in the puerperium, the uses of electricity in rehabilitation, and the advanta-geous use of the gymnasium to the same end Special care following plastic operations is very well described, and the final chapter is devoted to consideration of some aspects of occupational therapy The book is well written and clearly printed and illustrated, and warrants careful study hy the physical-therapy aide and by every medical practitioner regardless of preference of practice

JEROME WEISS

Manual of Clinical Mycology Prepared Under the Auspices of the Division of Medical Sciences of the National Research Council By Norman F Conant, Ph D, Donald Stover Martin, M D, David Tillerson Smith, M D, Roger Denio Baker, M D, and Jasper Lamar Callaway, M D Duodecimo of 348 pages, illustrated Philadelphia, W B Saunders Co, 1944 Cloth, \$350

This volume is one of a series developed under the auspices of the Division of Medical Sciences of the National Research Council for use by the medical departments of the United States Army and

Navy

It is comprehensive in its scope and yet condensed in 347 small pages. The illustrations are excellent and the subject matter for each disease is covered under several headings so that the information desired is easily and quickly obtained. It is the composite work of five members of the Duke University School of Medicine. The hook seems to fulfill adequately its stated purpose and is to he highly recommended to all who are interested in the extensive subject of my cology.

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Physiology in Health and Disease By Carl J Wiggers, M D Fourth edition, revised Octave of 1,174 pages, illustrated Philadelphia, Lea & Fehiger, 1944. Cloth, \$10

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X-Ray Examination of the Stomach A Description of the Roentgenologic Anatomy, Physiology, and Pathology of the Esophagus, Stomach, and Duodenum By Frederic E Templeton, M.D. Octavo of 516 pages, illustrated Chicago, University of Chicago Press, 1944 Cloth, \$10

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The Management of Neurosyphilis By Bernhard Dattner, MD, with the collaboration of Evan W Thomas, MD, and Gertrude Wexler, MD Octavo of 398 pages New York, Grune & Stratton, Inc, 1944 Cloth, \$5 50

This treatise with supporting bibliography sets forth in some detail methods of treating syphilic of the central nervous system. The author uses as a guide in therapy the abnormal cytologic and hiochemical findings disclosed by repeated examinations of the cerebrospinal fluid. The indications for the several methods of treatment are well described. Specialists working in this particular field may regard Dattner's viewpoint as oversimplification of the problem. It would seem however, that for those less well experienced, this monograph should serve as a very valuable reference book.

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Illustrations —These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding in others they are merely picturesque. The latter can be excluded to good effect, both as to space

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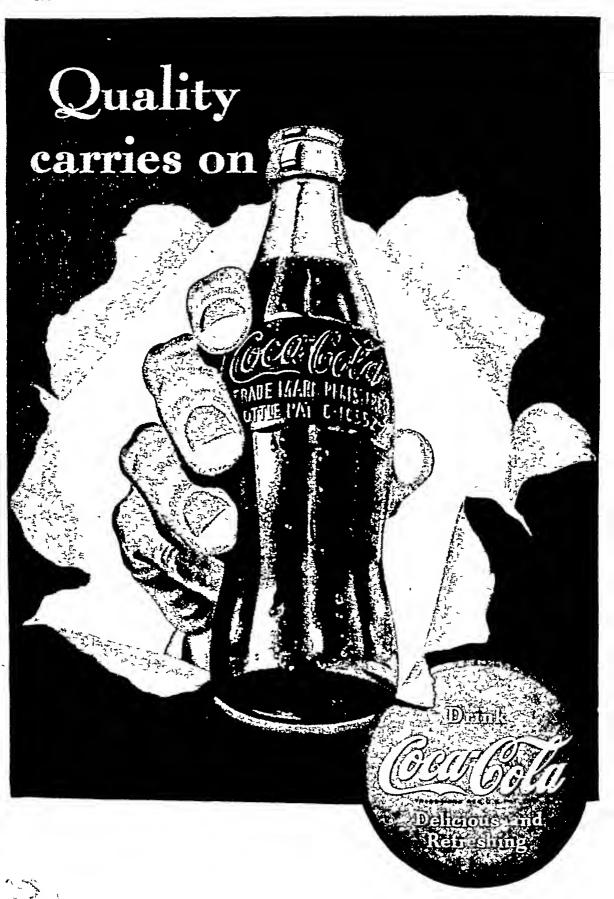
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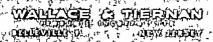
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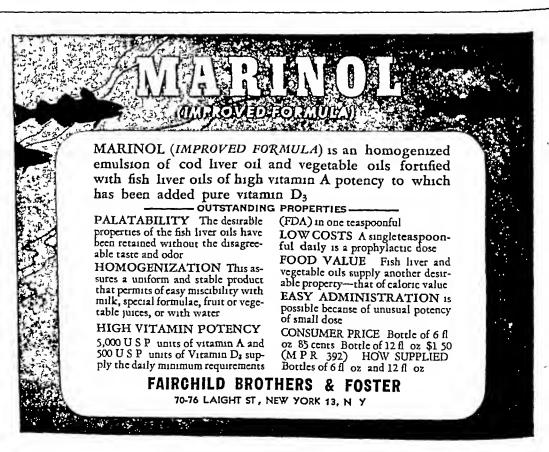
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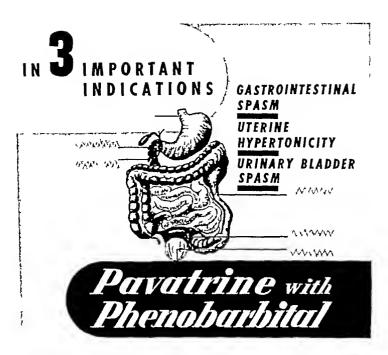
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## In Congestive Heart Failure

# Theocalcin

Theobromine-calcium salicylate

Council Accepted

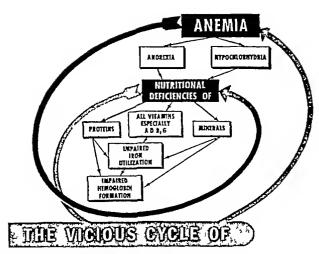
Diuretic and Myocardial Stimulant

7½ grain tablets and powder

Dose 1 to 3 tablets, repeated



BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.



#### Nutritional Deficiency IN HYPOCHROMIC ANEMIA

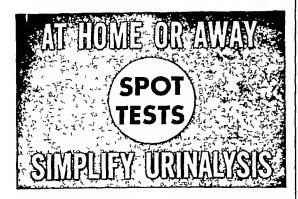
Patients with hypochromic anemia resulting from nutritional deficiences or blood loss exhibit one common feature With anemia once established, the ensu ing reduction of gastric acidity, lack of appetite, and increased fangability tend to decrease further the food intake, thus promoting or intensifying nutritional deficiencies and the progress of anemia

Hence anemic patients will be benefited most if not merely iron is supplied (usually but one of the deficient nutrieats), but also all the other factors which make for optimal iron absorption and ntilization, which lessen fatigability and increase the appetite.

Heptuna provides not only an adequate amount of highly available 110n but in addition, notable quantities of the fat solnble vitamins A and D, and the B-complex vitamins (partly derived from a vitamin rich liver extract and yeast)

#### J B ROERIG & COMPANY 536 Lake Shore Drive • Chicago 11, illinois





# NO TEST TUBES · NO MEASURING NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity m using No test tubes, no boiling, no measuring, just a little powder, a little urine—color reaction occurs at once if sugar or acctone is present

# Galatest

FOR DETECTION OF SUGAR IN THE URINE

# Acetone Test (DENCO)

FOR DETECTION OF ACETONE IN THE URINE

#### SAME SIMPLE TECHNIQUE FOR BOTH



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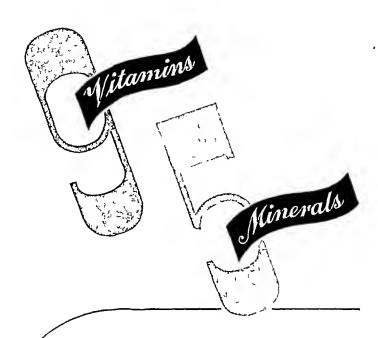


#### COLOR REACTION IMMEDIATELY

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses

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multivitamin mineral product best sulted to the requirements of modern medical practice and to the potient's preference for a conveniently administered preparation. It provides 9 vitamins and 5 minerals in a pleasantly flavored tablet which is willingly taken by children and adults—a tablet so palatable that it may be chewed. Available in bottles of 30,100, and 250. HOFFMANN LA ROCHE INC., Nutley 10, N. J.

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The postulate that infant growth and development might well be favorably influenced if all essential nutrients—in adequate amounts—might be made available at the earliest date, in a form compatible with the infant's digestive apparatus, can hardly be gainsaid

Libby's Homogenized Baby Foods present a step in this direction. A definite advantage exists in making their contained nutrients available before certain prenatal stores, such as iron, are exhausted.

That Libby's Homogenized Baby Foods are well tolerated and that they may be fed safely and effectively as early as in the fifth week of life has been demonstrated by clinical investigations

> Libby, McNeill & Libby Chicago 9, Illinois

NOTE: IN CERTAIN AREAS, LIBBY'S HOMOGENIZED BABY FOODS ARE PACKED IN GLASS CONTAINERS

# *OMOGENIZED*

## THE RATIONALE OF LIBBY'S HOMOGENIZED FOODS

1 Luby's process of homogenium opens and disputes, releases contained nutriment, and disperses it homogeneously throughout, 2 Comminutes indigestible cell membranes 3. Exposes the nutrunent to the digestive

Jucces in a considerably increased surface area, thus facilitating digestion, Increases availability of the contained nutrienta, thus facilitating utilization,

5 Renders celluloso mechanically bland,

without impairing physiologic effect of bulk 6 Libby's Homogenized Baby Foods may

be fed as early as in the second month, pro De leu as carly as in the second month, pro prenatal stores are exhausted The smoother texture of these foods en

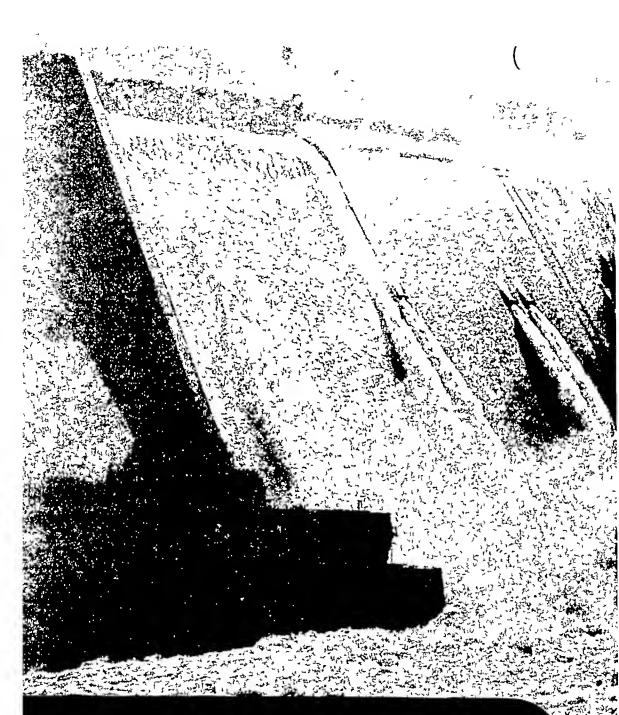
ables then; when added to the milk formula, to flow freely through normal mpple openings Every statement bere set forth regarding the Proper tag born found accupiable by the Property of the American Medical Association.

Beets Carrots Peas Soloch Garden Vegetables Mixed Vegetables Apple Sauce Apples and Apricots Apples and Prunes Peaches Peaches, Pears. Apricots Pears



Prunes Liver Soup

Reports on clinical and laboratory studies will be sent on request



# LANTIN SODIUM

# ON ROL

Just as the modern dam keeps a raging river within bounds and prevents floods harnessing the forces of nature to productive octivity so modern epileptic therapy with DILANTIN SODIUM assists the body to control floods of nervous and mental excitement, reduces the number or severity of convulsive seizures, and enables the individual to lead a more normal, productive life

DILANTIN SODIUM (Diphenylhydontoin Sodium) is a modern opproach to epileptic therapy o superior anticonvulsant free from the undesirable effects of the bromides and borbiturates it is relatively free from hypnotic action and effective in many cases which fail to respond to other anticonvulsants With DILANTIN SODIUM the physician can secure complete control over seizures in a substantial number of cases and lengthen the intervals between seizures in others

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Such safeguards, and Baxter's simple, convenient technique cantribute to a trauble-free parenteral pragram Naother method is used by sa many hospitals

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The depth to which protein permeates the fahric of meta bolic life, and the role it plays as "raw-material" and component of elaborated secretions is indicated in hormonal composition.

Thyroxine, the active principle of the thyroid gland, is an iodinated phenyl-ether derivative of the amino acid tyrosine Epinephrine, the active principle of the adrenal medulla, is also a tyrosine derivative. Insulin, as elaborated by the islands of Langerhans, has been isolated in crystalline form and found to be a protein

Only from the proteins of the foods eaten can the organism derive the protein substances required for these complex purposes

Among man's protein foods meat ranks high, not only because of the percentage of protein contained, but prin cipally because its protein is of highest biologic quality, applicable wherever protein is required

> The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association



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The Mount Sinai Hospital New York 29, New York

Beginning the week of October 22, 1945 for varying lengths of time, in the following subjects

#### For General Practitioners

Allergy, Cardiovascular Diseases, Chemistry, Diseases of the Chest, Diagnosis and Therapy, Electrocardiography, Gastroenterology, Gastroscopy, Gerlatrics, Hematology, Diseases of Kidneys and Arteries, Diseases of Liver and Billiary Passages, General Medicine, Clinical Neurology, Electroencephalography, Neuroanatomy, Neuropathology, Orthopedics, General and Special Pathology, Pediatrics, Pharmacology, Physical Therapy, Physiology of Digestive Tract, Medical Proctology and Diseases of Colon, X Ray of Heart and Great Vessels

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Anesthesia, Ophthalmology (10 courses), Surgery of Gastrointestinal Tract Otology

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For further information and application form, please communicate with Secretary for Medical Instruction, The Mount Sinal Hospital, Fifth Avenue at 100th Street, New York 29, New York

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- Suitable in exudative and chronic eczema—particularly in children's eczema A flexible non-peeling coat
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    - Removable with Tersus,
      - an acid detergent
      - No untoward irritation
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The potentiation of the central action of phenobarbital by the belladonna alkaloids (Friedberg, Arch f exp P & P CLX, 276) renders possible attainment of desired effects with relatively small doses, thus avoiding "hang over" and other unpleasant side-actions. In contrast to galenical preparations of belladonna, such as the tincture, Belbarb bas always the same proportion of the alkaloids.

Indications Neuroses, migraine, functional digestive and circulatory disturbances, vomiting of pregnancy, menopausal disturbances, hypertension, etc

Formula: Each tablet contains 1/2 grain phenobarbital and the three chief alkaloids, equivalent approximately to 8 minims of tincture of belladonna

Belbarb No 2 has the same alkaloidal content but 1/2 grain phenobarbital per tablet

# How Chapter

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New chapter in the treatment of arthritis began ten years ago when the clinical administration of electrically activated vaporized ergosterol (Ertron) resulted in marked improvement of joint motility and in a general sense of well-being in arthritic patients

cases of arthritis under carefully controlled conditions in a number of leading arthritis clinics, universities, accredited hospitals and private practice

THAT Ertron produces noticeable subjective and measurable objective improvement in a significant number of cases of arthritis has been securely established



**TRONIZATION** of the arthritic is now a recognized and valued rt of the well-rounded program of antiarthritic management

ERTRONIZE—Employ Ertron in adequate dosage over a suffiintly long period to produce beneficial results. The usual produre is to start with 2 or 3 capsules daily, increasing the dosage of 1 capsule a day every three days until 6 capsules a day are wen. Maintain medication until maximum improvement ocirs. A glass of milk, three times daily following medication, advised

> Supplied in bottles of 50, 100 and 500 capsules Parenteral for supplementary intramuscular injection

> > ETHICALLY PROMOTED

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# Fat Oxidation Through Metabolic Activation CAVOLYSIN in OBESITY

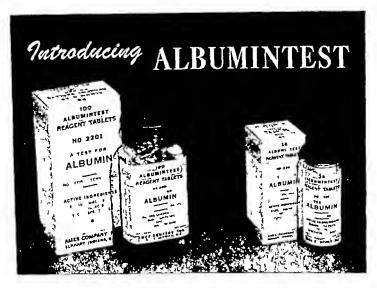
AMPULES boxes of 12 and 100 Each 2 cc. (feminine) derived from ovarian subst. 20 grs. (masculine supplies orchitic subst. instead of ovarian), thyroid 3 grs., suprarenzi cortex 3 grs., ant. pitultary 3 grs., lymphat. gland 3 grs.

Satisfactory, gradual reduction in weight is maintained by Cavolysin (formerly Lipolysin) through metabolic activation which increases oxidation of fat . . in obesity requiring reliable pluriglandular therapy. No dinitrophenol.

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TABLETS and CAPSULES bottles of 100 Each (feminine) contains ovarian subst.0.31 gr (masculine has orchitic instead of ovarian), thyroid 0.9 gr, thymus 0.31 gr; ant. pituitary 0.9 gr

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THE REAGENT—Drop 1 Albumintest Tablet into 4 cc. water—reagent remains stable for 30 days bulk solutions may be made in any amount desired.

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# Physicians know from clinical experience

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# Pil. Digitalis (Davies, Rose)

(Davies, Rose

They conform now,

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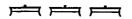
Each pill is equivalent to 1 USP XII Digitalis Unit "One United States Pharmacopœial Digitalis Unit represents the potency of 0 1 Gm of the USP Digitalis Reference Standard"—USP XII

Made from Powdered Digitalis Leaf, Pil Digitalis (Davies, Rose) present all of the therapeutic principles obtainable from the drug

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These freshly prepared, standardized pills are put up in bottles of 35, forming a convenient package for the physician's prescription, obviating the necessity of rehandling

Sample for clinical trial sent on request



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# CHLOROPHYLL THRRAPY

Announcing CHLORESIUM natural, non-toric Chlorophyllpreparations

The need for an effective, non toxic and non injurious thera peutic agent which accelerates healing by stimulating cell metabolism has been generally recognized The medical profession has viewed with interest this new and fundamental approach to the problem-the utilization of water soluble chlorophyll compounds.

The water soluble derivatives of chlorophyll "a" (CssH72OsN.Mg) have been extensively tested during the past four years in laboratory and clinic in the top ical treatment of wounds, battle muries, burns, ulcers and sim ilar lesions, especially the chron ic, indolent and resistant type.

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Numerous investigators have demonstrated that these natural. non toxic chlorophyll prepara tions produce a definite, measurable acceleration of healing and a reduction of scar tissue. In addition, they report prompt climination of the almost un bearable odors found regularly in chronic appurative lesions of bone and other tissues

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Both Chlorenum Solution (Plain) and Chloresium Oint ment contain the purified, thera pentically active water soluble derivatives of chlorophyll "a" (C., H., O. N. Mg) They are maintained to rigid chemical and physical standards and are pharmaceutically adjusted to a low surface tension to insure penetrability

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Chloresum is ethically promoted Available at all leading druggists

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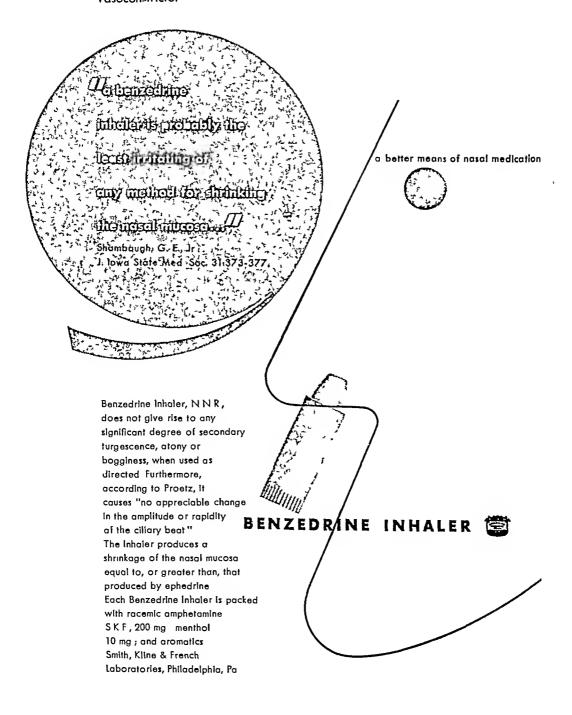
"Chlorosium Rosal Solution contains the particul, therapeutically active unter-soluble derivatives of chlorophysis" (LydinglyNyldy) in an increase askine solution askindly bettered for small manifestion. Indicated for symptomatic robot askindly bettered for any active robot askindly solutions of the appear respiratory to active and chronic fallonatory conditions of the appear respiratory to a

A review of over 60 pub lished papers Explicit di rections for the use of Chloresium therapy in everyday practice This comprehensive brochure, as well as supplies for clinical trial will be for warded without obliga tion, upon request.



LE LICENTES-LAKETAND LOUNDATION

a less irritating vasoconstrictor—





skin because it:

1 Emoksifies olatowers and other fatty materials abnost immediately on addition of water

- 1 Emblises ointments and other tatty materials admost immediately on addition of water Low usface tension beings this concentrated yet bland detergent into influence contact with the superfloous matter and permits deep penetration of skin crevices.
- 2. Coases no aggravation of existing slin lesions.
- 3. Minimizes pain for the patient since harsh scrubbing is replaced by gentle massage
- 4. Prepares the skin for further theropy by also removing secretions and debris.
- 5. Conserves time and effort for the patient, nurse and physician.
- & Rinses off readily with any type of water warm or cold.

ACIDOLATE is a salfated-oil preparation with an extensive background of clinical research. It is water miscible, non-obscaive hypo-adergenic, and has an acidity (pH 0.25) approximating that of non-pathologic latin.

Directions: Pour small amount of Acidalate directly anto area to be cleamed. Effect dispersion by means of gentle massage stuling a cotton pledgel or gause pack if desired. Riese with water or physiologics salt insultine, preferably warm. Respect if necessary

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### ACIDOLATE

# "but, Doctor, I can't sleep!"



This is a statement that no physician fails to overlaok, because regular, adequate sleep is an important factor in the treatment of many clinical conditions.

Therefore, when a sedative is necessary, 'DELVINAL' sodium vinbarbital will provide a night of sound, restful sleep, in the majority of instances, with relative freedom from unpleasant side-effects of excitation or "hang-over."

'DELVINAL' sodium vinbarbital is a mild sedative and hypnotic that is characterized clinically by a safe therapeutic index, a relatively brief induction period and a moderate duration of action. In addition to its use for the relief of functional insamnia, it is also indicated in general sedation, in the production of preanesthetic hypnosis, psychiatric sedation, obstetric amnesia, and in pediatrics.

Council accepted, 'DELVINAL' sadium vinbarbital is a development of the Medical-Research Laboratories of Sharp & Dohme.

Supplied in dry-filled, colored capsules of three strengths: ½ grain (brown) in bottles of 100, 500, and 1000; 1½ grain (orange) in bottles of 25, 100, 500, and 1000; 3 grain (orange and brown) in bottles of 25, 100, 500, and 1000. Sharp & Dohme, Philadelphia 1, Pa.





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The mold which produces penicillin is a mold of a fairly common variety but the production of penicillin for the medical profession depends upon precautions to insure sterility which are most uncommon.

One of the most important requirements of the finished penicillin is freedom from pyrogens. Each manufactured lot of PENICILLIN SCHENET is tested (as illustrated above) to insure utmost pyrogen freedom. When, in placing your order for penicillin, you specify PENICILLIN SCHENLET you may do so with confidence knowing that such measures of uncommon care assure a product of highest standards.



#### SCHENLEY LABORATORIES, INC.

"but, Doctor, I can't sleep!"



This is a statement that na physician fails ta averlaak, because regular, adequate sleep is an important factor in the treatment of many clinical canditions.

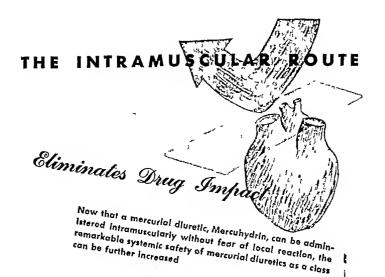
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Because it is better tolerated locally, Mercuhy drin allows frequent administration by the intramuscular route for prolonged periods. Gradual absorption of the medication prevents sudden drug impact on conduction centers of the heart.

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Nercuhydrin

MERCURIAL DIURETIC





## POTENCY AND DEPTH OF COLOR IN PENICILLIN

Herwick, Welch, Putnam and Gamboa\* offer two important conclusions regarding the possibility of irritation after intramuscular injection of penicillin They are that:

- 1 An increase in potency in units per milligram of penicillin brings about a corresponding de crease in the pain produced, and
- 2. A correlation exists between the potency of penicillin and its light transmission

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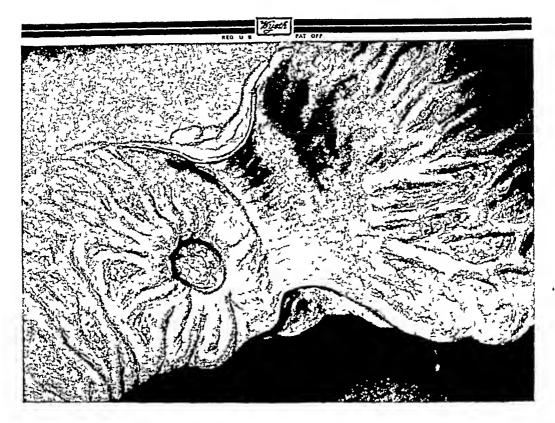
- 1 Uniformly high in potency per milligram and
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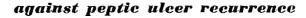


\*J.A.M.A. 127:74-76 (Jan. 13) 1945

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## NEW YORK STATE JOURNAL OF MEDICINE

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## **Editorial**

## Thiouracil

Less than three years ago the goitrogenic and thyroid-inhibitory properties of thouracil were announced. Already many reports on its clinical use have been published and these reports show a remarkable unanimity of opinion. Final determination of its therapeutic value must await the study of later effects on patients but its present status seems to be fairly well established. Evaluation of the drug as a therapeutic agent is not more important than the determination of its limitations and the dangers inherent in its use.

Thiouracil inhibits the synthesis of the thyroid hormone. The resulting thyroid insufficiency stimulates the anterior pituitary to produce a compensatory but ineffectual hyperplasia of the secretory cells of the thyroid. This is clinically evidenced by a lowering of the hasal metabolic rate and a concomitant increase in the size and vascularity of the gland.

In most, but not all cases of hyperthyrodism the basal metabolic rate is slowly reduced to normal and, if administration is continued, a subnormal level with myxedema may be reached In this respect it is more effective than iodine and its preoperative administration has apparently eliminated the danger of postoperative thyroderises. The increased vascularity increases the difficulty of operation, but this can be avoided by discontinuing thiouracil and substituting iodine for a week or two before operation.

It has been shown that the basal metabolic response to thiouracil is most prompt in patients whose thyroids show the highest degree of hyperplasia and the least amount of stored colloid This accounts for the fact that the metabolic response is more rapid in untreated patients than in those who have been treated with iodine Longstanding goiters which have recently become toxic also show a slow response, and probably for the same reason Histologically, both groups show the presence of stored-up colloid. In these cases the use of thioursell should be continued until the desired metabolic level is reached even if this requires two or three months

Iodine usually produces an initial drop in

the basal metabolic rate, followed by a leveling off at a rate of perhaps plus 20 tinued administration does not usually produce any further drop On the contrary, the continued use of thiouracil effects a continuous drop to a normal or subnormal level This is illustrated by a case reported by the Massachusetts General Hospital group <sup>1</sup> A patient was receiving preoperative thiouracil treatment when the presence of dental abscesses necessitated postponement of the operation and consequent prolongation of In thirty days her basal metabolic rate dropped from plus 35 to minus 16 Operation was performed on the fortieth day Her thyroid was so hyperplastic that in some places the acmar structure was completely replaced by columns of epithelial cells The authors remark, "In this patient, after forty days of therapy, clinical myxedema coexisted with extreme histologic hyperplasia "

In connection with that explanation it is interesting to recall that at least thirty-five years ago Marine demonstrated extreme hyperplasia in the thyroids of cretin calves and also proved that iodine induced involution in hyperplastic goiters of dogs, antedating Plummer's discovery by a considerable time

Some enthusiasts envision the replacement of surgical treatment by the continued administration of thiouracil. Sufficient time has not elapsed to determine whether this is possible. Such treatment would seem to be more dangerous than operation because of the unpreventable toxic reactions produced by the drug. Furthermore, the anatomic result is a hyperplastic gland. Iodine, which induces involution, would seem to be a more logical choice.

Thiouracil may be the solution of the perplexing problem of persistent or recurrent [N Y State J M

All responded satisfactorily to thiouracil and no further surgery was necessary They express the opinion that this is one of the most helpful uses of the drug

The toxic reactions to thiouracil include agranulocytosis (sometimes fatal), drug fever, dermatitis of various kinds, swelling of the submaxillary salivary glands, arthritis, edema, vomiting, and jaundice apparently identical with the syndrome of postarsphenamine jaundice Gargill and Lesses<sup>3</sup> report such a case which lasted one hundred days Clute and Williams<sup>2</sup> suggest that the drug be given with great care to patients known to have any allergic symptoms They also warn against overdosage in patients manifesting malignant exophthalmos Five such patients became worse under thiouracil, but improvement followed the concurrent use of thyroid extract

It is to be hoped that from thiouracil some substance will be evolved which will be nontoxic and equally effective Until such a substitute is found it would be exceedingly dangerous to release the drug for general use For the present its greatest value seems to be in its use in preparing for operation patients with toxic goiters and especially in the preoperative treatment of patients who do not respond to or are allergic to iodine Its use as a substitute for total thyroidectomy in the treatment of angina pectoris has been reported by Raab 4 The results would seem to justify optimism and further experimentation

## Constructive Program for Medical Care

What is it? First, it is an answer to those who allege that the medical profession has no constructive program for inedical care, and, second, that legislation creating com-

pulsory sickness insurance is not the only or the most desirable solution

Who created it? The Council on Medical Service and Public Relations of the A.M.A.,

<sup>&</sup>lt;sup>1</sup> Moore, Francis D, et al. Ann Surg 120 2, 152 (Aug.)

toxicity after thyroidectomy Clute and Williams<sup>2</sup> treated fifteen such patients, some of whom had undergone two or three operations.

Clute Howard M, and Williams, Robert H. Ann. Surg.
 4, 504 (Oct.) 1944
 Gargil, Samuel L, and Lesses, Mark F J.A M A. 127
 4, 249 (May 26) 1945
 Raab, Wihelm J.A M.A 128 249 (May 26) 1945

niceting with the Board of Trustees Tho program is stated clearly in fourteen para-

graphs 2

What does it do? It stresses the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated American private enterprise has won and is winning the greatest war in the world's Private enterprise and initiative manifested through research may conquer cancer, arthritis, and other as yet unconquered scourges of humankind Science, as history well demonstrates, prospers best when free and unshackled By it the Association supports improvement in nutrition, housing, and living conditions that are Again it fundamental to good health places the American Medical Association behind the extension of qualified public health and preventive medical service. The program recognizes that plans for insurance against the costs of hospitalization on a voluntary basis have now been sufficiently developed to warrant support, although some controversial questions have not yet been satisfactorily settled. The care of the indigent, for which there are no suitable provisions under existing or proposed national or other compulsory sickness insurance plans, may by new technics be incorporated into voluntary sickness insurance plans

So says the JAMA editorially, and comments further that Fundamental to a scientific plan for meeting needs for medical care is the scientific survey which determines the existence and scope of such needs. This fact is recognized in the proposals that surveys be made to determine these needs and that federal aid be given where needs are demonstrated, with the understanding that administration and control will be under local auspices. Scientific also is the proposal for continuous surveys of all plans leading toward their extension and improvement as new needs are shown

The final measures in this program relate to problems associated with the war and the situations created by military service. More than sixty thousand physicians have been involved in military and other government services, while less than ninety thousand physicians have tried to meet the needs of the civilian population. On these civilian physicians has rested a great burden

The needs of medical education have been told repeatedly and are again emphasized in this constructive program. Unless plans provide for a sufficient number of young men and women in the premedical curriculum, the nation will face a desperate shortage of physicians in coming years, a shortage made more acute by increased demands of the armed forces and of various government agencies for trained physicians. The needs of the Veterans Administration for physicians will far exceed any demands ever made previously by that agency

How does the program do it? The Council on Medical Service and Public Relations and the Trustees of the A.M.A sum up in these fourteen points what the physicians of the nation believe to be the best, the most practical, the scientific way of producing the best health condutions for the largest number

of people in this country

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights, and the "American Way of Lafe" are diametrically opposed to regimentation or any form of totalitarianism According to available evidence in surveys, most of the American people are not interested in testing in the United States experiments in medical care which have already failed in regimented countries

The people of this nation must stand on their own feet, do their own thinking, survey their own requirements, and construct their own programs to meet those requirements. Here is the medical profession's constructive proposal for better medical care for more people. In practice, it has been in experimental operation for many years. Now it must be expanded. But it must be expanded but it must be expanded so that it will actually produce what it says it will. You cannot play fast and loose with anything as important as the health and lives of the American people. That is the continuing platform of the American physicians who know from ex-

<sup>&</sup>lt;sup>1</sup> June 16 1945. <sup>2</sup> J.A.M.A 128: 12, 883 (July 21) 1945.

perience what they are talking about Political parties come and go, laws are made and repealed or, what is worse, are unenforced, depressions follow inflation, promises are made and broken, and security may or may not be the desirable road from the cradle to the grave

But the better health of the American people is always the concern of the American

physician and of his medical associations whether at the local, the county, the state, or the national level—It is his ideal and his 'daily job to create it, with no favors asked, no strikes, no slowdowns, no political entanglements, and no compromise—The constructive program of the A M A. makes that thoroughly understood—American papers please copy

## Universal Maternity Aid

The attention of our readers is called to the bill introduced by Senator Claude Pepper recently, an outline of which will be found on page 1886 of this issue. When the Waitime Emergency Maternity Act was passed, this to expire with the termination of the present war, it was felt in many quarters that this might be a prelude to a more extensive application of free maternity care Evidently the fear was not groundless This costly and complicated measure demands careful study by the medical profession—its implications are manifold

We expect to present further comments on the measure in subsequent issues.

people of New York State, but in the hands of the

American Medical Association This assertion

is evidently based upon the fact that the Board

of Regents, for reasons good and sufficient to

themselves, and apparently to everyone else except Mr Ridder, have accepted as their own

guide the qualifications of the Council on Medical

Education and Hospitals of the A.M.A. for ap-

"Second, Mr Ridder has seen fit to inject the

proval of a medical college

## Current Editorial Comment

## Of This And That

Dangerous Befuddlement Our good neighbor, New York Medicine, 1 takes up the cudgels against Mr Victor Ridder and his letter of May 3, 1945 to the Editor of the New York Times

"The enemies of racial intolerance and bigotry have enough real grievances to correct, and real causes to strive for, without having phoney causes manufactured for them...

"Mr Ridder took occasion to criticize Governor Dewey's action in vetoing bills passed hurriedly by the Legislature in its recent session, which would have required the Board of Regents of the Department of Education to admit for examination for medical licensure, graduates of unapproved medical schools. It should be noted, in passing, that not even the proponents of these bills urged them as a permanent measure, but stipulated that they should be enacted for the period of the national emergency in order to provide a greater number of licensed physicians to take care of the civilian public of New York State."

"Mr Ridder asserts, first, that the Department of Education of New York State is not in the hands of the elected representatives of the

 $\begin{array}{ccc} \text{part-} & \text{Ho} \\ \text{ot in} & \text{da} \\ \text{the} & \textbf{\textit{T}}_{2} \end{array}$ 

issue of racial tolerance into this matter, asserting that 'the real objection to this institution (Middlesev Medical College in Massachusetts) is that it has 80 per cent Jewish students and this does not accord with the quota of 3½ per cent which the American Medical Association has set for Jews throughout the country in the medical profession. Mr Ridder characterizes this alleged limitation policy of the AM.A as an example of Nazi tactics, and describes the

policy of the AMA as totalitarianism "Mr Ridder's statements are categorically answered in a letter by Dr Victor Johnson, secretary of the Council on Medical Education and Hospitals of the American Medical Association, dated May 10 and published in the New York Times for May 17 Referring to Mr Ridder's statement that the A.M.A. imposes a quota of

<sup>1</sup> Vol. 1, No 11, June 5, 1945, p 1

31/2 per cent of total enrollment for Jewish students in medical schools, Dr Johnson grants that if this statement were true it 'would constitute a serious indictment of the American Medical Association and its Council on Medical

Education and Hospitals ' "Fortunately," Dr Johnson asserts, "there is absolutely no foundation in fact for this irrespon aible statement The Council of the American Medical Association places no quota upon Jewish medical students, either at 31/2 or any other There is no such quota indicated in writing or by the spoken word, nor by implication, suggestion, mutual understanding, or any other kind of agreement.' Dr Johnson notes that the A.M.A. records do not indicate whether any given medical student is Jewish or not, and he states that 'the religion, creed, and nationality of the student are of insufficient interest to us to request such information from the medical The only concern of the Council on schools Medical Education and Hospitals of the American Medical Association is the qualification of the student for the study of medicine Race,

Semingly irresponsible charges of this sort from sources which could easily obtain the facts, should they choose to do so before bursting recklessly into print, is evidence, to us at least, of the evistence of organized propagands of a most dangerous and disturbing character. Why should an editor of Mr. Ridder's reputation, as Dr. Johnson points out, disseminate hearsay? Certainly, he could have checked the facts with the State Department of Education and with the A.M. A. Why did he not do so? The answer seems obvious He either wanted to believe what he wrote regardless of its correctness, or had been so convincingly "sold" that he believed his sources of

religion, creed, color, and sex are not among

these qualifications."

information were correct

In any event his communication to the Times is a splendid example of what to do to befuddle the public, bedoud the issue, and make everything worse for everybody

Dr Kirby Dwight, incoming president of the Medical Society of the County of New York said, in his inaugural address <sup>1</sup>

"There is need for more diagnostic clinics in connection with, and using the facilities of wellequipped hospitals to furnish diagnostic service at moderate cost," he said "The society has approved these clinics and has established the requirements for such approval.

"Let no one say that the medical profession has

no plan for medical security for nur patients. We strongly urge the public, especially the employees and employers of business and industrial enterprises, to avail themselves of the benefits of United Medical Service with the full assurance that this program, important as it is even now is actually nuly the first step toward o continually expanding and improving plan of medical protection for all the people."

Dr Dwight's reference to United Medical Service was timely On January 16 at a dinner at the Hotel Commodore, Dr William B Rawls, Chairman of the Coordinating Council of the five county medical societies of Greater Now York, said of the "Doctors' Plan" "The United Medical Service is quite properly introduced to the people of the New York Metropolitan Area, as the 'Doctors' Plan.' Organized medicine has not merely approved and endorsed this program—it has conceived it, fathered it, and nursed it. It's our baby, and we intend to bring it upl

"Now, in the medical picture today, there is one serious problem which everyone, doctor and patient alike, is agreed must be solved. That is the problem of the unpredictable, serious illness, the catastrophic illness that sometimes wipes out our hard-earned savings at one fell blow. Once every ten years the average person has a situation of this kind to meet, and the lack of any method of avoiding the economic consequences of such catastrophes has been the greatest cause of complaint against present-day medical economics.

"United Medical Service has aimed its arrow straight at the heart of this problem of the serious emergency illness. It has a much better than even chance of success in solving that problem. That is its immediate objective.

"Its ultimate purpose is to expand its scope of service, in the earliest future, and to enlarge its benefits, so that very soon it will offer a far more general protection for all kinds of medical needs. United Medical Service will follow the successful example of its working partner, Associated Hospital Service. It will start on a sound, limited basis, and, as it grows in size and public favor, it will expand logically—and, we hope, rapidly—to meet every reasonable need for protection against the cost of medical care.

"Our study of medical insurance plans in all parts of the United States makes us absolutely confident that such a plan as the United Medical Service offers will succeed "Let me point out a very important fact United Medical Service—as insurance—has no income limitation at all. It is available as a service plan to families earning \$2,500 or less, and to those earning over \$2,500 it is available as insurance—as an indemnity policy, offering specific financial assistance toward the payment of surgical and obstetric expenses. In addition, the surgical and obstetric fees charged to families with incomes from \$2,500 to \$3,500 will be subject to review in any case where the patient feels they are unfair.

"We should like, finally, to emphasize the historic fact that the medical profession in New York City has fostered this development from its very inception, and, contrary to the impressions one might gain from some sources, we have been the pushers—not the pushed—in bringing the idea of medical care insurance to fruition"

Dr Conrad Berens, retiring president of the Medical Society of the County of New

York, said in part

1854

"If the Government takes over the operation of medical service, then the art of medicine, as distinguished from the science of medicine, would disappear" Scientific medicine would remain, but science, indispensable as it is, is not enough for human beings with their fears, preferences, prejudices, problems, and mental blind spots"

In line with Dr Berens' thought we read

that in Chicago the dean of the University of Chicago's division of physical sciences<sup>2</sup> said

"The United States is 'iii danger of scientific bankruptcy' because practically all training of young scientists has been halted, declares Professor Arthur H Compton, Nobel Prize winner and dean of the division of physical sciences, in a statement issued last week by the University of Chicago If the training were resumed now it would take six years to train eighteen-year-old students so that they would be competent to engage in research work,' he pointed out 'If the war should continue for as long as it has already been fought, our present policy of no advanced training will spell national disaster,' Dr Compton declared"

Presumably it will take some time for this nation to utilize, after the war, all the scientific discoveries now cloaked in secrecy. To adapt these to the purposes of peace and to spread knowledge of their use will not be the work of a moment. We advocate advanced training and more advanced training for our medical students, deceleration of college courses where the national safety permits, and we are not too worned about "scientific bankruptcy". The size of the national debt at times admittedly wornes us. But that is only financial, not scientific, bankruptcy

1 January 23, 1945

New York Herald Tribune, Jan 28, 1946, p 12, Sec II

## Important Notice

ALL physicians treating compensation patients are required to file (with the Linsurance carrier or employer and the Workmen's Compensation Board of the Department of Labor) certain forms—C-104 within forty-eight hours, C-4 within fifteen days, etc. One copy should be kept for the doctor's file. The C-4 form should be notarized to avoid unnecessary appearances by the physician before the referee. C-14 forms should be filed every month in all protracted cases, even though not requested by the employer or insurance carrier.

Do not fail to ask *in writing* for *authorization* to give physical therapy treatments in excess of \$25 where such treatments are indicated and necessary This may be done on the C-14 progress report or on the doctor's letterhead

All specialists examining cases for attending physicians or in consultation are required to submit a full and detailed report on their letterhead to the employer or insurance carrier, the Department of Labor, and the referring physician—If the specialist takes over treatment of a case he should also file the necessary C-104 and C-4 and other reports as required of the attending physician

Greater attention to prompt and complete reporting will be of material advantage to the physician and of aid in prompt compensation payments to injured workers

## INCIDENCE OF CARDITIS IN RHEUMATOID ARTHRITIS

WILLIAM FEIRING, CAPT, (MC)\*

(From the A.A F Regional Station Hospital, Orlando Florida)

THE concept that rheumatic fever and rheumaticid arthritis are independent clinical entities has not been universally accepted. If typical cases of each disease alone be considered, the diagnosis and differentiation do not present serious difficulties and the rigidity of the traditional nomenclature appears to be supported. When, however, patients are observed in whom chronic joint changes are attended by carditis, the separation of rheumatoid arthritis from rheumatic fever as distinct and sharply isolated discases becomes controversial

On the assumption that each disease exhibits a pattern that is clearly identifiable, it has been predicated that the existence of rheumatic beart disease in the presence of rheumatoid joint changes is a casual coincidence. Indeed, this is the commonly accepted explanation 1 On the other hand, the many striking clinical and pathelogic similarities of these disease processes has suggested that their coexistence may signify a causal relationship. It has been implied that carditis in the presence of chronic rheumateid arthritis may be the result of an antedating rhoumatic infection 22 Evidence that the association can be traceable to such a sequence, however, is not always available or applicable, for the variations of onset in either illness are numerous and too often similar. The acute polyarticular inflammatory phenomena that berald the appearance of rheumatic fever may be the identical expressions of rheumatoid arthritis. It has also been postulated that rheumatoid arthritis can be attended by an inflammatory carditis, the clinical and pathologic appearance of which resembles rheumatic carditis, although the causative agents are independent of each other This concept bas appeared unconvincing and difficult to accept.4 And, last, it has been considered that rheumatoid arthritis and rheumatio fever are related and that the cardiao involvement in either is a manifestation of a common pathogenesis Whichever concept may be accepted, it becomes readily apparent that nosologio categorization is difficult and debatable. Scientific classification of disease necessitates the establishment of critena that are sharp, specific, and discriminating In consideration of the many common phenomena and the close pathologic and immunologic amilarities, bowever, separation of rheumatic fever and rhoumatoid arthritis becomes, at best, imperfect.

\* Of Richmond Hill New York.

Observations on the clinical detection of carditis in patients afflicted with chronic arthritis have varied Boas and Rifkin reviewed 80 cases of arthritis deformans and reported recognizable valvular disease in 14 (17 5 per cent) Contes<sup>6</sup> stated that the incidence of carditis in 300 cases of rheumatoid arthritis was 4 per cent. Master and Jaffo<sup>7 \$</sup> found normal electrocardiographic tracings in all of their cases of rheumatoid arthri tis and concluded that heart disease was not a manifestation of the rbeumatold process. Three hundred and fifty cases of chronic arthritis were studied by Wetherby and of these, only 7 (2) per cent) manifested definite rheumatic heart disease. It is noteworthy that in 32 patients of this series the onset of the disease was of an acute febrile nature and of the latter, 6 patients (187 per cent) revealed definite rheumatic heart involvement. Unequivocal signs of cardiac disturbances were found in 7 per cent of the cases observed by Dawson and Tyson. 16 These investigators cited Fischer's statistical account of the cardiae implication in rheumatold arthritis in the "primary" form, 4 per cent of the cases showed this association, in the "secondary" form the frequency was 65 per cent. The more frequent occurrence of the "secondary" form appeared to parallel the experiences encountered by Wetherby An incidence of 4 per cent of rbeumatio carditis in rheumatold arthritics was reported in Monroe a review 11 Bayles and Mc-Ginn12 are quoted as having found 5 per cent of cardiac complications in 100 consecutive cases of rbeumatoid arthritis Seventeen per cent of Bayles' case studies had clinical aigns of heart disease antemortem

Pathologic studies disclosed a contrasting higher incidence of rheumatic heart disease in subjects afflicted with rheumatoid joint disturbances. In the series etudied by Bagenstoss and Rosenberg,19 56 per cent of the patients who died with characteristic lesions of a rheumatoid arthritis showed cardiac alterations identical with those of rheumatic fever Aschoff nodules in various stages of development were observed in the myocardium, valvular leaflets, pericardlum, and aorts. Yet, only one half of these cases disclosed sufficient clinical criteria to warrant the diagnosis of cardiac disease during life. Bayles' postmortem studies11 showed that 22 per cent of rheumatoid arthritics were afflicted with rheumatic carditis The frequency of these cardiao changes was similar in arthritics presenting the usual rheumatoid type as in those with Still's disease or the Marie-Strümpell form Young and Schwedel<sup>14</sup> completed clinicopathologic investigations in 38 patients and were assured that 25 (657 per cent) exhibited unquestionable heart disease The cardiac involvement in the "primary" and "secondary" forms of chronic polyarthritis were comparable in nature, frequency, and extent of the pathologic process, the pericardium and endocardium were frequent sites of similar inflammatory invasion Out of 25 cases of rheumatoid arthritis upon which necropsy examinations were made, Fingerman<sup>15</sup> found 8 (32 per cent) that had rheumatic heart lesions Three of these presented a combination of lesions known as Felty's syndrome The frequency of the association of rheumatic carditis and rheumatoid arthritis is striking and should dispel perplexity caused by the common clinical display of features of both diseases

In a recent review at this hospital of more than 100 cases of rheumatic fever, 27 disclosed adequate evidence that chronic joint changes dominated the clinical picture In these patients, localized pain, swelling, periarticular atrophy, disability, restricted joint motion, and deformity acteristically indicated an inexorably progressive joint invasion, notwithstanding the abrupt or insidious onset of the disease. In several, the course was marked by recurrent acute exacerbations of polyarthritis out of which chronic rheumatoid disease evolved In 8 cases, however, observations led to the reasonable assumption that heart disorders accompanied or followed the appearance of the stigmata of rheumatoid arthri-One patient (excluded from this study) showed questionable heart disease insofar as a persistent loud systolic murmur and recurrent premature ventricular contractions were the only manifestations discerned over a period of several Detection of cardiac involvement depended upon morphologic alterations that were displayed clinically or roentgenographically, and upon electrocardiographic abberations The patients that were studied in this series were men between the ages of 19 and 36 years In none did congestive failure, visceral infarction, subacute bacterial endocarditis, or sudden death complicate the picture

## Case Reports

Case 1—A 31-year-old white man was admitted in October, 1944, three weeks after the onset of an acute severe tonsillitis, for acute polyarthritis involving the right knee and right great toe. In 1938 he was incapacitated by an attack of rheumatic fever which lasted six months. During the summer of 1939 he suffered with stiffness of the joints in

the hips and lower extremities. After admission an elevated temperature between 100 and 102 F, attended by tachycardia, appeared and persisted for three days. This was promptly lowered by salicylate administration. An exaggerated apical thrust, a systolic and diastolic apical murmur, and an elevated sedimentation rate were observed. The cardiac silhouette, the blood counts, and the electrocardiographs, except for low amplitude of the QR-S complexes, were normal. The slightest exertion produced prolonged tachycardia, palpitation, and dyspnea.

In January, 1945, he reported the appearance of a pale, slightly tender swelling about the proximal interphalangeal joint of the right fourth finger, unaccompanied by other acute manifestations. A grade II systolic apical murmur which transmitted to the axilla became audible, but this was preceded by a blowing diastolic murmur along the left sternal border. The blood pressure was 150/80. Simultaneously the right shoulder joint developed stiffness and limitation of motion, so that abduction failed to

exceed 45 degrees Examination in February after hospital transfer confirmed the presence of the aortic diastolic mur-Apical systolic and presystolic murmurs became audible, a Corrigan pulse was found, and the The sedimentablood pressure measured 156/92 tion rates and other laboratory findings were within The cardiac silhouette failed to disnormal range close any enlargement or change in contour proximal interphalangeal joints of the third and fourth fingers of both hands were swollen, fusiform in contour, and incompletely flexed Abduction at the right shoulder slowly improved and could be carried to an angle of 60 degrees

Case 3 -A 23-year-old man was admitted in February, 1944, for gradually increasing pain and swelling of the right knee without fever or leuko-During the first week migration of the joint invasions occurred and an apical systolic murmur became audible Response of the arthritis to salicylates was rapid but the sedimentation rate remained elevated for one month Hospital transfer was effected in June and the course thereafter was marked by continual complaints of residual stiffness in various joints An apical, low-pitched, diastolic murmur became an additional finding. This was constant after its appearance Response to salicylates was not forthcoming and in August the right knee became painful, increasingly swollen, and resisted weight bearing Roentgenographic The diastolic changes could not be demonstrated and systolic murmurs and the progressive monarticular arthritis persisted unchanged.

Case 3—A 33-year-old man was admitted in November, 1944, for fever, fatigability, loss of weight, and dyspnes Since the age of 20 he had suffered irregularly recurring aching, swelling, and disability of the shoulders and hips Two years prior to admission, pain in the left shoulder prohibited the raising of the arm From December, 1943, to March, 1944, he was hospitalized for an undetermined fever. In June, 1944, a frank inflammation enveloped the right big toe for three weeks and migrated to the right ankle and foot about





Fig 1a

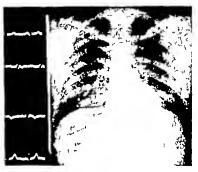
Fto 1b

one month later After admission a three-day bout of fever appeared. The cardiac findings were negative, but electrocardiographic tracings taken shortly after admission revealed inverted T waves in leads II, III, CF2, and CF4 (Fig 1a). The right ankle and the dorsum of the right foot appeared swellen, tender, and red, and motion of the involved mem ber was deededly limited. The left shoulder revealed on abnormally wide range of motion in all directions, and atrophy of the musculature about the left scapula, shoulder, and arm was marked.

Ho appeared as a debilitated, pale, underweight patient for re-examination in December, 1944 Atrophy about the left shoulder, voluntary subitation, and flaring of the left ecapula were prominent Tenderness and swelling were present over the dorsum of the right foot. The laboratory findings were cogative and the T waves gradually returned to the upright position in all leads. Yeary films showed mild esteoporcess of the bones of the right foot and punched-out areas involving the end of the first phalanx of the right great toe (Fig. 1b) No response to salicylates was effected. Supportivo treatment and local radiant heat and massage gave rise to a satisfactorily improved condition so that discharge was emeeted fo February, 1945

Case 4 -A 37-year-old man was admitted in January, 1945 for etiffness and pains in the left knee, right ankle and the proximal interphalangeal joints of the third and fourth fingers of both hands. Pale swelling was present over the knees, and the involved joints of the fingers were visibly spindled. Physical examination failed to disclose any cardiac abnormalities. The blood pressure was 128/88 Both hands felt clammy and cold and the hyperthenar and thenar eminences appeared erythema tous. Response to salicylates was poor in spite of plasma levels that were sustained above 28 mg, per cent. Roentgenograms of the heart were normal and the electrocardiographic changes were marked by left axis deviation and T-wave inversions in leads H and HI (Fig 2) All other laboratory phenomena were normal. In March the same objective phenomena were unaltered but the electrocardiographic findings reverted to cormal. X-ray films of the hands showed demineralization (Fig. 3)

Case 5—A 20-year-old soldier was admitted in May, 1944, complaining of persistent joint pains



Fto 2

about the knees, shoulders, and hands. At the age of 22 he had been confined to bed for a period of three months for migratory joiot pains full recovery he returned to work about six months after the onset of the illness. He remained asymptomatic until Jaouary, 1943, when he sensed painful swellings of the fingers of both hands In August of the same year the left knee became swellen and painful and weight bearing difficult. This was accompanied by pains io the shoulders, hands, and knees which persisted until admissioo The course thereafter was marked by the following phenomena constant paio, swelling, and migration of joint inflammation without a satisfactory response to salicylates, a floctuating PR interval between 17 seconds and 22 seconds floetuating but con stantiy elevated sedimentation rates, persistent funform swelling and an extensor deformity of the proximal interphalangeal joints, succeeding swelling of the second and third right metacarpophalangeal joints and gradually increasing interesseous atrophy of the dorsum of both hands. Discharge from the service was effected in January, 1945, while these findings persisted.

Case 6 -A colored 31-year-old soldier was observed from August, 1944, for migratory joint swellings, manifested by pain, redness and failure to respond to salleylates. Cardiac examination was entirely negative, but the electrocardiographic tracings revealed a PR interval of .20 seconds with pulse rates varying between 96 and 104 Persistent swelling involved the proximal interphalangeal joints of the second, third, and fourth fingers of both hands. Previous history indicated that growing parus had appeared at the age of 12 and had been followed by migratory joint pains with various joint swellings at the ages of 15, 18, and 29 years Spontaneous remissions occurred after several months duration on each occasion. Transfer for convalescence was effected in September, 1944 Tho first three days were marked by a rise in temperature, the maximum being 102, and an elevation of the pulse between 100 and 112 The sedimenta-

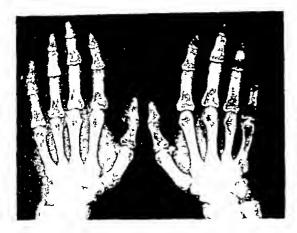


Fig 3

tion rate was increased, leukocytosis was present, and repeated nontraumatic nosebleeds occurred Cardiac examination was negative except for a blood pressure of 120–164/80–110. Tenderness, swelling, and diminished motion of the fingers at the proximal interphalangeal joints persisted throughout the course. Salicylate therapy in dosage of 10 Gm daily for a period of three weeks failed to cause any response. On discharge in December, 1944, the PR intervals had diminished to 17 seconds with pulse rates between 76 and 92.

Case 7 -A 20-year-old man without an antecedent respiratory infection was admitted in March, 1945, for stiffness, progressive swelling, pain, and mability to extend or bear weight on the left There were no stigmata of rheumatic fever On the day following admission in the past history a swollen left wrist developed and the temperature clevated to 1024 F Tho common phenomena of acute arthritis were present over both joint sites With salicylates, resolution of the inflamed wrist occurred, but only after heat and massage were administered could extension of the left knee be exe-A recurrence of the left-wrist involvement appeared on the sixth day of hospitalization in spite of continued salicylate ingestion The sedimentation rate was elevated, the white blood count was normal, but the electrocardiogram revealed a right bundle-branch block Re-examination in April after transfer disclosed a rigidly flexed, painful, and swollen left knee Clinical examination of the heart failed to account for any abnormalities, but the right bundle-branch block appeared on the electrocardiographic tracings (Fig 4) X-ray films of the chest, heart, knees, and wrists were normal but the scdimentation rates remained rapid Heat, massage, and careful exercise improved the local condition of the left knee

Case 8—A 19-year-old man was admitted in July, 1944, for recurrent joint pains and swellings of the right elbow and knee, and a coincident fever of five days' duration—At the age of 13 he had been confined to bed for a few months for rheumatic fever and again, at 14 years, had been treated for five months for fever and migratory polyarthritis that

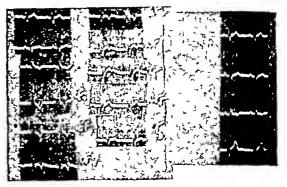


Fig 4

involved the shoulders, elbows, and wrists A heart murmur succeeded the arthritis and restriction from activities during high-school attendance was enforced Aching and stiffness had recurred during inclement weather since the age of 15, but the murmur was not detected at the time of induction into the service

Pain and swelling of the right knee recurred in The response to rest and salicylates March, 1944 was satisfactory although vague aching continued In May, 1944, pain and increasing stiffness of the knees followed periods of physical activity, and therapy was pursued in the form of heat and mas-Re-examination in August, 1944, failed to disclose any positive findings to account for the complaints of continued pain and stiffness of both knees and clows Sedimentation rates were conspicuously elevated for twelve weeks and after that were found at upper borderline levels The swelling, disability, and painful weight bearing of the right knee continued to March, 1945, although roentgenograms of the joint wore not abnormal in appear-Chincal examination of the heart and electrocardiographic tracings disclosed normal findings The transverse diameter of the cardiac silhouette in July, 1944 measured 106 mm, but in March, 1945 the transverse diameter was 123 mm

## Discussion

The incidence and the nature of the cardiac manifestations in this selected series contribute to the perceived relationship between rheumatic fever and rheumatoid arthritis Cardiac abnormalities were detected in 8 of the 27 patients that came under observation—an incidence of over 29 per cent Although these patients were all young adults in whom the chances of cardiac involvement were greater, the incidence of carditis was higher than that disclosed by other The abnormal cardiac phenomena were of three types In cases 1 and 2, unequivocal auscultatory signs led to the diagnosis of heart disease In cases 3, 4, 5, 6, and 7, the electrocardiographic recordings alone implicated the heart Whereas other authors7,8 could not identify any specific aberrations in serial electrocardiograms taken on subjects with rheumatold arthritis, analysis of the cases reported by Young and Schwedel14 indicated that abnormal tracings were not uncommon In the last case, 8, advancing size of the transverse diameter was the only evidence that the myocardium was involved in the disease process.

Although recent pathologic investigations have attempted to amplify the differentiating microscopic features in rheumatic fever and rheumatoid arthritis, conclusive evidence that cytologic differences exist has yet to be presented. Of particular interest have been the studies on the subcutaneous nodules Collins16 observed that the degree of vascular proliferation and polymorphonuclear invasion was much greater in rheu matic fever, whereas fool of necrosis were larger in rheumatoid arthritis. In the latter disease, the fibroblastic reaction around the necrotic foci was decidedly more pronounced. While admitting that the elements compoung the structure of the subcutaneous nodules in the two diseases were similar, the chronologic sequence and progression of these alterations proved adequate histologic criteria for differentiation The second comparative study17 emphasized that, although it was possible to distinguish the nodule of rheumstold arthritis from that of rheumatic fever, similar or Identical cytologic features were common to both diseases Differentiation of the lesions was achieved only because one or more of the pathologio variations predominated Dawson<sup>13</sup> concluded that the characteristics of the nodules in the two diseases revealed similarities that represent different phases of the same fundamental McEwen's19 supravital pathologic process. stains of cells composing the subcutaneous nedules of both diseases indicated that essentially they were alike. Other authors,4 12-16,20 have examined the hearts of chronic arthritics afflicted with carditis and found, significantly enough, that the lesions were indistinguishable from those of rheumatic fever Included in the anatomic observations which served to mark the identity of the pathologic process were typical Aschoff nodules discovered in the valves, pericardium, and myocardium. Young and Schwedel14 reported that the qualitative and quantitative changes in the cardiac structures were alike in severity and extent. The same view was taken with regard to the structural differences of the subcutaneous nodules examined in cases of both diseases, fundamentally, the cytologic structure was the same and the differences were of degree and not of kind

The close relationship between the two diseases can be further appreciated by consideration of the factors which equally influence their appearance and evolution. Dawson and Tyson to and Monroe<sup>11</sup> have focused attention upon the familial ineidence, the geographic distribution, the initiating factors, the seasonal effects, the age incidence, and the clinical manifestations of the two diseases in different age periods, the pathologic similarities. and the similar immunologic findings

The clinical studies and pathologic findings lend support to the growing conviction that sharp and recognizable differences do not exist between the two diseases Because the symptomatology overlaps, the same anatomic elements of the orgamsons are affected, and the same morbid phenomena are expressed, the association appears to be more than sumply fortuitous. In fact, the striking and identical features common to both diseases prompts serious consideration of Charcot's premise<sup>11</sup> that, fundamentally, both diseases are different clinical reflections of the same diathe-The statistics invite careful consideration of this comprehensive and spectral view. The degree to which variously involved tissues respond to an inciting agent and the variability of that response, identified as the rheumatic etate. are of the greatest fundamental importance

#### Summary

An incidence of 29 per cent of carditis in 27 cases of rheumatoid arthritis is reported and the history and course of 8 patients are described

The abnormal cardiac phenomena were of three types In the first 2 cases unequivocal auscultatory signs led to the diagnosis of valvular disease. In 5, electrocardiographic recordings alone implicated the heart. In the last case, advancing size in the transverse diameter was the only evidence that the heart was affected during the course of the illness

Attention is directed to the perceived relationship between rheumatic fever and rheumatoid arthritz.

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## THE CONQUEST OF SMALLPOX

At last it seems that our country is about to join the ranks of the nations that have eradicated small-Only 384 cases of this loathsome disease were reported in the United States during 1944 This is less than half the previous low record established the year before In the area stretching from Maine to Maryland, there was not a single case last year, one western state, Utah, also had a perfect record In all, twelve states and the District of Columbia which include more than one quarter of the total population of the country, were completely free of smallpox in 1944. Twenty-two states reported less than 5 cases per million population. The largest number of cases, in Indiana, was only 38 As recently as 1940 Minnesota and Iowa each had more cases than were recorded in the entire country last year

In 1921, when figures for the country as a whole began to be fairly complete, there were about 109,000 cases of the disease reported in the United States In that year thirty-one states each reported in excess of 1,000 cases, one state running above 9,000 In the next largest epidemic year, 1924, the number of cases was close to 57,000 somewhat lower peak is recorded for 1930, when nearly 50,000 cases were reported. The most recent upswing in smallpox culminated in 1938, with 15,000 cases that year Since then the trend has been steadily downward, with the result that the disease is now near the vanishing point

It is difficult for the present generation to realize the dread with which this disease was once regarded We need go back less than 75 years to see the reason for this attitude Figures for the entire country are not available for that period, but the records of certain of the large cities are striking In New York City, for example, in the epidemic year 1872, deaths attributed to smallpox were equivalent to a rate of 113 per 100,000 population. In Chicago, that year, the smallpox death rate was 193 per 100,000, Boston's rate was 270, and Philadelphia's 365 In Baltimore, during the twelve months from April,

1872, to March, 1873, the smallpox death rate averaged 504 per 100,000 Rates almost as high were reported by these cities in outbreaks during the 80's New Orleans, which had long been a breeding spot for smallpox, in 1883 recorded an almost unbelievably high mortality rate from the disease—565 per 100,000 This is about twice the current national death rate from cancer, tuberculosis, pneumonia, and accidents combined

The pity is that all this sacrifice of life could have been avoided as easily at that time as at present, since the efficacy of vaccination as a preventive of smallpox had been well established long before 1872 Proof of this statement is supplied by the experience of Providence, Rhode Island, where vaccination against smallpox has been a requirement for school attendance since 1856 quently, during the widespread epidemic of 1872-1873, the city's death rate from the disease was only 17 per 100,000—a very small fraction of that recorded by other leading cities of the period, as indicated by the series of figures cited above

It is to be hoped that the present favorable situation will not lead to a feeling of complacency and indifference to the need for constant watchfulness against this dread disease, with the consequent neglect of the simple preventive procedure of vaccination and revaccination If this should occur a large nonimmune population will be built up, providing a fertile field for widespread epidemics and a resurgence of the disease in future years cent experience of Pennsylvania should be a constant reminder of the danger inherent in an unprotected population. Only 2 cases had been reported in that stage between 1932 and November, 1942 In that month this splendid record was badly shattered when a woman from Ohio with a mild case of smallpox visited an unvaccinated community of Amish people in Lancaster County a direct result, 65 cases were recorded before the epidemic was brought under control—Statistical Bulleim, May, 1945

## GOING UP

The proprietor of a highly successful optical shop was instructing his son, newly entered in the business.

on how to go about charging a customer "Son," he said, "after you have fitted the customer with glasses, and he asks what the charge will be, you say, "The charge is \$10' Then pause and wait and see if he flinches

"If the customer doesn't flinch, you then say, That's for the frames The lenses will be another \$10,

"Then you pause again, this time only slightly, and watch for the flinch.

"If the customer doesn't flinch this time, you say, firmly, 'Each'"-Clin Med, May, 1945

## VITAMIN E IN THE TREATMENT OF MYOPATHIES

Preliminary Reports on Its Topical Use in Fibrositis

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(From the Bethel Hospital Service)

EVANS,¹ one of the pioneers in the experimental work connected with vitamin E and muscle, stated that medicine has "remained awestruck and bewildered in the presence of diseases ravaging the muscles, the physician only too often being no more than a belpless onlooker watching the progressive course of deterioration." The truth of the above statement becomes apparent upon contemplation of the wide range of treatments recommended for the myopathies and diseases of connective tissue. Depending upon the proposed cause in given instances, these patients are treated with enforced rest, various kinds of physical therapy, fever therapy, beliotherapy, vaccines and foreign proteins, removal of foci of infections, duet, analgesics, etc.

The multiplicity of methods used gives evidence of the insufficiency of any one measure, for no specific therapy is yet known. The disability and often morbidity associated with myalgia and fibrositis is nevertheless spalling Evans and Burr, in 1928, first pointed out the apparent relationship between vitamin E and paralysis (with spasticity and muscular atrophy) in the sucking young of vitamin-E-depleted rate. This work was followed by reports of numerous other outstanding investigators, such as Ringsted, Goottsch and Pappenheimer, Mackenzie, and McCollum, and others who have elucidated other aspects of the same problem.

Results from experimental work in the years since 1928 have pointed to the possibility of a nutritional cause, I e., that maintration resulting from an insufficient intake of vitamin E may be involved in certain diseases of the muscular and nervous systems. It was pointed out that the pathology caused by a vitamin-E deficiency consisted of degenerative changes in the nervous system and the skeletal musculature, which becomes progressive to the point of affecting the spinal cord and resulting in muscular atrophy and degeneration. The buman analogues of these changes in animals are tabes dorsalis, progressive spinal muscular atrophy, and probably such systemic diseases as anemia. Further, the rate of musclo degeneration resembles histologically the pathologic picture of buman muscular dystrophy This corollary was applied to buman studies by the investigators, to whom the paraliel was apparent. In that connection we find the works of Bicknell, Blakeslee, Mahoney, Wechsler, Stone, 10, and Sutro and Cohen 11 Many of them have reported remission of symptoms in muscular dystrophies, with relief of pain, swelling, and stiffness, with increase of the extent of mobility and therefore a better sense of wellbeing

## Results of Vitamin E Therapy in Fibrositis

While following the development of the vast hterature on the use of vitamin-E therapy in the various myopathies, which really embrace many clinical entities, our attention since 1937 has been particularly directed to cases of fibronius

Fibrositis, like other myopathies, is being increasingly viewed as being of metabolic rather than infectious cause The pathology involved in fibroutis is construed as an ischemic necrous which affects the ganglion cells and results in edema and bemorrhage The picture of circulatory blockage as the cause of the lesion injects Itself bere Necrosis of muscle tissue would seem to occur by the ingress of water, either through esmosis or by passive congestion, causing local edema of the sarcostyles and, secondarily, of the muscle fiber This edema is not amenable to treatment by diuretics The myogenio factor. rather than neurogenic control, would appear to be the responsible factor For, if this physiclogic regression and resulting pathology were primarily of neurogenic origin, the end result of the disability would be paralysis and atrophy Patent pathways, as evidenced by successful nervous stimulation, galvanic or otherwise, verify the belief that atrophy, if such coexists with immobility, is not neurogenic, but a myophysical change due to local mainutration. The reversability of these changes and the manner in which vitamin E affects them have been clarified by Goettsch and Pappenheimer 4

Observation shows that the salubrious results obtained by the use of vitamin E in relieving tension and tautness appear to be due to the relaxing effects of the vitamin upon the sarcestyles and muscle fibre. This relaxing effect is the exact antithesis of that achieved through the use of countertritants and rubefacients, which favor rigor caloris, considered by many physiologists to be a spartic condition. By merely causing a return of blood to the locus, these older therapies do not rectify the ischema. There appears to be evidence that vitamin E in the form of wheat

TABLE 1 -SUMMARY OF CASES TREATED BY THE TOPICAL USE OF VITAMIN-E OINTMENT

Patient's Initials	Sex	Age	Duration of Symptoms	Location of Fibrositis	Type of Therapy and How Long Administered	Effect of Treatment
F H.	F	85	Three months	Botb bands, with pain, swelling and stiffness, and coldness and burning of hands and finger- tips	Local only One month	Definitely beneficial effect on contracture of fingers and bands
R M	F	34	Sprained back two weeks, fibrous indu- ration three months	Sprained back, also fibrous in- duration in right buttock fol- lowing deep muscular injec- tions	Local only Five weeks	Complete improvement of back, with softening of in- duration in gluteal muscle
D B	M	57	One year	Right ileogluteal nren	Local only Four weeks	Improvement (question as to whether prescription was used properly)
L B	$\mathbf{F}$	48	Four weeks	Right side of back and gall- bladder area	Local only Two weeks	Some improvement, with pain
P C	M	42	Six to seven months	Local induration involving pleura, nerves, and muscles following fracture of tenth and eleventh ribs		Slight improvement
D I	M	64	Four months	Deltoid nres of right shoulder, with marked tenderness and limitation of motion	Local only Two months	Some improvement (previous physiotherapy with external applications unsuccessful)
R M	F	33	Three 3 cars	Back and left chest, with severe	Local only Five months	Very little relief (back better than chest)
в Т	$\mathbf{F}$	41	Three weeks	Muscles of right forearm, with tenderness and swelling		Improvement
A S	$\mathbf{F}$	54	Three months	Left leg and hlp	Local only One month	Definite relief
A B	M	35	Five years	Right lower sacroiliac area	Local and oral Three weeks	Some improvement—teader ness and spasticity
вн	M	57	Two months	Severe torticollis, with tender- ness along nucbal area with fibrositic nodules along occi- pital ridge	Local and oral Two weeks	Definits local improvement
DK	F	51	Several years	Left arm, shoulder, and back with nodules in left deltoid muscle and several nodules in left side of the back	(with vita-	General improvement, with disappearance of nodules in back and elimination of tenderness in muscles
IR	М	04	Three weeks	Muscles and tendons of left leg and fibrotic sheath of sciationerve—with especially sovere pains in left knee	Local and oral Four weeks	Complete recovery (previous treatment of bakings and salves for two weeks had proved unsuccessful)
C M	$\mathbf{F}$	64	Two month	Atrophy and tenderness at alto of insulin injections	Local and oral Four weeks	Relief of pain in musclo areas
ΕZ	М	35	Few months	Left erector spinal and flank muscles—with severe back- ache on arising and bending	Local and oral	Marked relief, with only one spot of tenderness remaining
AS (MD)	M	66	Several months	Right knee and thigh, shoulders and hands, with considerable swelling, tenderness, and pain	high vitamın-	Marked improvement
P F	F	59	Several years	Back and inner muscles and insertions at knees, with tenderness, spasticity, and	Local with high vitamin-E	
A. S	M	28	Two months	acute pain  Small joints, especially latera  aspect of right foot—with  pain and swelling	l Local with high vitamin-E diet Three weeks	Improvement (though may have been due to other causes)
DС	M	67	Six months	Back, especially sacrolliac area chest, and lower abdomen		Good results
нF	M	19	Two months	Abdomen, especially over public area—with external pain and tenderness, and patient un	Local only Three weeks	Improvement
GН	M	31	Four weeks	able to stand erect or he prone Midlumbar muscles, with spas ticity and swelling	Lócal only Two weeks	Improvement
CK.	M	25	Four weeks	My ositis of left pectoral muscle and lumbosacral fibroeits	Local only Three weaks	Good
EL	M	62	One year	Tenderness and swelling of cal muscles with claudication	f Local and physiotherapy One month	Definite improvement
. P	M	42	Four months	Left lower anila, back, and both arms, with tenderness and pain	h Local with Ald pine exposure and injection of Na-Ca cody	<b>3</b> 1
A P	M	63	Two years	Several fibrotic nodules in sacro iliac area	late - Local only Four months	Marked Improvement
M V	M	55	Six months	Spasticity over left crecto muscles with tenderness m left sacrolliac area—patlen unable to bend or lace shoes	r Locai (with	Marked improvement—able to work after first week of treatment (previous physio- therapy bad been ineffective)
J L.	M	45	Four months	Pains in chest and both arm (condition proved to be o vascular cause)	r , rocul	No results
ıs	M	50	One 3 ear	Cramps in right calf muscles and numbness of toes of both fee (condition proved to be dia batto neuritis)	t Onsmonth	No results
				•		

(TABLE 1 -Centinued)

M A. (M.D.)	М	34	Four months	Left thigh with definite muscle space and swelling—confined to hed	Local with high vitamin-E diet Three weeks	Blow improvement (efter all conventional therapies had been unsuccessful)
A. V	M	42	Several months	Chest, back, right ascrolliac buttooks—conined to bed unable to move	Local oral and high vitamin- E diet Two weeks	Marked improvement—with patient shie to walk around residual pain over right superior secrollise and iliae notch (previous conventional treatments without evail)
M. K	M	50	Опе усаг	Peripheral vascular disease	Oral Two months	No results
G L	F	42	Two years	General muscle "ache through out body following fracture of tarsal bone with especially tender Achilles and popiliteal tendous	Oral and high vitamin E diet Three months	Clearance of all pains

germ oil\* is absorbed through the akin and has an affinity for fibrous connective tissue, acting as an "insulator" against hydremia, which manifests itself in edema and swelling. The phenomenon of water running off a duck'e back or keeping him afloat is an example, for when the oily exudate is removed, as by application of a wetting agent, water will penetrate his feathers and cause the animal to sink Similarly, the protective action of vitamin E against edema is probably due to its contact with connective substance. It would therefore appear that vitamin E is to fibrous connective tissue what vitamin A is to epithelial tissue.

Turning to the record, Steinberg's first reported on the use of vitamin E in the treatment of fibrositis. In 30 cases of primary fibrositis he achieved complete relief of all symptoms, through oral administration over a brief period In 41 cases of secondary fibrositis, 3 cases of sciatics, and 8 neurotic patients, no other favorable results were observed, except that in 8 cases of fibrositis secondary to atrophic arthritis a definite improvement of muscle soreness and stiffness was noted

Following Steinberg's first paper, <sup>12</sup> Inghami<sup>12</sup> reported on 12 patients with primary generalized fibrositis, all of whom were completely relieved of symptoms in three or four weeks following regular dally vitamin-E ingestion. In a following paper, Steinbergi<sup>14</sup> describes another series of 20 patients with primary fibrositis, all of whom were quickly and completely relieved of symptoms under oral vitamin-E therapy. In addition, there were 10 cases of secondary fibrositis, 2 cases of psychosomatic rheumatism and 6 miscellaneous cases, none of which responded Steinbergi<sup>13</sup> subsequently reported on a larger series of 60 patients with primary fibrositis, all but 5 of whom were completely relieved of their

symptoms, following a short regimen of therapy with tocopherols orally These 5 patients reported mitigation of their pain but not complete relief of generalized stiffness He also treated 36 patients intramuscularly with marked relief of the fibrositis symptoms Inunction therapy was tried in 4 patients, with negligible results. As a result of his studies to date, Steinberg believes that " the striking similarity between the pathological changes of primary fibrositis and nutritional muscular dystrophy (as described by Pappenheimer) is no mere accident This fact. plus the marked clinical improvement obtained in both conditions by giving the tocopherols, indicates that primary fibrositis is a metabolic disorder, concerned with the deprivation of vitamin Е"

#### Discussion of Cases

In our own study, 32 cases originally diagnosed as primary fibrositis were treated by the topical use of vitamin E in the form of an cintment Particular attention is called to the form in which the vitamin was used Belleving that the effects might be accelerated if vitamin E were in contact directly with the affected site, a special ointment\* was prepared which contained 30 per cent of solvent-extracted wheat-germ oil Results were very encouraging in several cases, so that we decided to continue to test such inunction therapy in a larger series, and we were rewarded with equally excellent results Of the 32 petients 31 were given vitamin E in the form of this ointment Of these 31 patients 19 received inunction therapy only In 6 the external application was supplemented by the oral administration of 3-mg capsules of mixed tocopherols daily In 4 the external application was supplemented by a diet high in vitamin E (green leafy vegetables, lettuce, and whole-wheat bread) Only I patient received all three measures, and of the remaining 2 cases 1 received oral therapy alone

<sup>\*</sup> The wheet-gorm oil employed is the solvent-extracted variety (not cold pressed) for it has been demonstrated that the process of solvent extraction size makes available other active substances, such as phospholipids, in addition to the vitamin E.

<sup>\*</sup> This cintment was made evallable through the courtesy of the Drug Products Co., Inc. New York.

and the other oral therapy with a high vitamin-E

These patients ranged in age from 28 to 66 years, 8 were women and 24 men. The history of the symptoms ran from a duration of three weeks to five years. In some cases the condition affected only a small area, such as both hands, and in others much greater areas, in one patient practically the whole body was involved in complaints of muscular tenderness.

Length of treatment ranged from two to sixteen weeks Improvement was marked and definite in 20 cases, fair in 9, and there was no improvement in 3 cases which proved to be of nonfibrositic cause. Of these 3, 1 was shown to be diabetic neuritis and the other 2 revealed vascular pathologies. Of the 17 cases of actual fibrositis receiving inunction therapy alone, 12, or 70 per cent, showed marked or complete improvement. In the remaining 5, or 30 per cent, the relief afforded was fair.

In the 13 other cases in which various combinations of therapy were administered approximately the same measure of relief (actually slightly less) was obtained, showing that oral or other therapy is not necessary to reinforce the efficacy of external application of vitamin E. The high vitamin-E diet alone was not suggested as a therapeutic measure, but was ancillary, and designed to prevent a recurrence, in maintaining vitamin-E metabolism. In the main, it was found that patients preferred the inunction form of medication, since it is convenient and simple enough to use, and appears to get more directly at the source of the local trouble.

The following case report illustrates in detail an important point in differential diagnosis, successfully treated with vitamin E

## Case Report

F H, a woman aged 35 years, married, was first seen in Beth-El clinic May 5, 1942 She complained of pain, swelling, stiffness, and numbness of both hands, sensation of coldness and burning, and formication of hands and fingertips in which a sensation like an electric shock is felt on touching objects. The patient further reported the hands and fingers to be discolored, brown and purple, with severe pain in them at night. Housework was impossible to do because of the pain and the inability to grasp and retain objects in the hands. A month before appearance at the hospital, the patient observed swelling of the ankles, but no pain or other associated discomfort.

History—In February, 1942 (three months before her appearance at the hospital) the patient experienced sudden pain, swelling, and redness of both hands which became worse upon doing housework or upon contact with cold water—There was some feeling of improvement upon application of

warmth Her past history was apparently negative, except for an operation for gallbladder disease in 1937, and menstrual irregularity with menses appearing every two to three months. The patient has two children and had normal deliveries

Physical Examination —She appeared well-nourished but overweight Her weight was 184 pounds. height, 621/4 inches and blood pressure, 150/80 Head, heart, and lung examinations were negative The patient was unable to make a fist, her hands appeared red and swollen, with brownish discoloration and cyanotic hue on the fingers, which were sensitive to touch. She had paraesthesias from wrists to fingertips, with the fingers taut, flexion and extension were limited and the hands remained cupped The interesser and thenareminences appeared atrophied The pulse was palpable at both wrists and oscillometric readings were 2.5 was no volar ischemia, but on contact with cold water the hands became purplish-brown pulse at the ankles was not palpable and there was Oscillometric reading was no plantar ischemia left ankle, 5, right ankle, 4 5

Diagnosis—The diagnosis made in the arthritic clinic was infectious arthritis, probably menopausal Stilbestrol was given—Examination at the gynecologic clinic revealed a normal pelvis and no treatment was advised—At the medical clinic, a diagnosis of Raymaud's disease and acute periarteritis was made—At the thyroid clinic, the patient was found, essentially, endocrinologically negative—She had a basal metabolic rate of plus 10, and normal vital capacity—The peripheral-vascular clinic concurred in the diagnosis of Raymaud's disease, with possible early scleroderma

Laboratory Data — The urine was negative, blood chemistry was as follows calcium, 11 74, phosphorus, 3 2, cholesterol, 298 4, uric acid, 5 92, and chlorides, 578 X-rays of the hands gave no evidence of osseous abnormality or calcification. The blood count was hemoglobin, 14 Gm, red blood count, 4,240,000, white blood count, 7,000 (Polymorphonuclears, 72 per cent, Lymphocytes, 22 per cent, and Monocytes, 6 per cent), sedimentation rate, 18 mm in 44 minutes (Wintrobe-Cutler)

Follow-up Report -On June 8, 1942, at the examination of the patient and in reviewing her history, the patient was perfectly well until the present episode, which occurred after several hours exposure to extreme cold Upon consideration of the previous history, the diagnosis was changed to frostbite, since it was deduced that fibrositis was created by vasospasm and interference with circulation, induced by cold. Metabolic treatment was instituted by a diet containing 125 carbohydrate, 75 protein, 80 fat, and a minimal intake of choles-Thyroid extract (0.03 Gm to 0.12 Gm three times a day) was prescribed, and exercises with soaking hands in warm solution was advised The hands became less painful at night under that treatment, and the patient lost 8 pounds and was able to sleep better The hands were still, however, cupped, and still powerless to grip and retain objects Wheat-germ oil was then prescribed, to be massaged into the hands A week later the hand musculature as well as color and temperature seemed improved, with greater mobility possible, but no nhatement of numbress. After two weeks, the patient was overjoyed at being able to hold a needle in the right hand, and reported disappearance of pain, lessening of the abnormal sensitiveness, and ability to eleep normally. The muscular atrophy in the interesseal space, as well as at the hypothemar and carpoulnar eminences, lessened. The patient was apparently well for a month, until she suffered an exacerbation of the numbress after eating scallious, radishes, and cherries.

Conclusion —A case of permic (frostbite) which does previously diagnosed as Raynaud e disease is reported Metabolle treatment improved the circulation and the subjective as well as objective symptoms Local application of vitamin E has a definitely beneficial offect on correcting the

contracture of fingers and hands.

Discussion of Gase at Beth-El Conference (By Dr Ant).—In the examination at a peripheral yascular clinic of a patient whose complaint is pain in the extremities, the examiner naturally is influenced in the direction of a diagnosis of thrombosingitis oblitarians arterioscierosis, or Raynaud's disease.

The facts connected with the case under observation would warrant ruling out thromboangutis obliterans, hecause of the acute onset, good oscillometric readings in all extremities, and the sex of the patient. Elimination of peripheral arteriosclerosis as a diagnosis was based upon the age of the patient (35 years) roentgenologically absent calcification of the vessels, and the acute onset. Raynaud e discase was left for consideration, and all departments examining this case apparently diagnosed it as Raynand's disease I felt that the diagnosis was faulty for the following reasons (1) this patient was ten to fifteen years older than the usual age at which Raynaud e disease appears, (2) the onset in Raynaud'e disease is insidious and may be precipitated hy dampness or cold, which aggravates them hut warmth improves them, whereas in this patient the onset although induced (?) by cold and sudden, did not necessarily improve in warmer weather, such as experienced in May, (8) pains and cramps associated with Raymoud a disease are present in all extremities whereas in this patient only the hands were involved, (4) the appearance of the skin in Raynaud's disease follows the pattern of (a) blanch ing, followed by cyanons (h) rubor (e) mottling and reappearance of the pattern through the progress of the disease, whereas the color pattern of this patient s hands did not even resemble that of Ray naude disease. The sequelae of Raynaude disease are ulceration and often gangrene which were not present in this case. Scieroderma was ruled out. for in that condition the principal diagnostic factors differing from this patient e condition, are thickening and tautness of the skin which may occur in any part of the body and particularly the face, the facies become masked and take on a sardonic appearance and later the skin takes on a glased appearance. None of these factors was present in the case prerented

This case has none of the signs of crythema pernio (chilbiains), which is the simplest form of peripheral vascular disease induced by cold. The gross and fine signs of this case, however, point to congelation (frestbite)

Frostbite occurs in three well-defined forms (Congelation crythematesa, C bullosa, and C escharotica), depending upon the length and severity of exposure. Through short exposure to cold or wind, the akin becomes mottled blanched, then dusky, and then purplish hrown discolorations appear. If mild, the condition improves in warm weather. In sovere cases of frostbite, there is a direct history of rather sudden onset from prolonged or extreme exposure to cold or wind. Any part of the body may be involved, and the lesion need not be symmetrical.

There is local freezing of the tissue, producing impairment of circulatory nutrition and even tissue death, such as gangrene In frosthite there is initial anesthesia, later there is a sensation of tingling or hurning, followed by pain, which may be excruciating particularly at night. Frostbite may affect a person of any age, and there is no predisposition. although we know that Infants are as a class less registant to it than adults as a class. There is no plantar or volar ischemia, and the skin over the affected part becomes swollen and shiny but not glazed. The oscillometric roadings are good, for the most part. In the case reported, the history and symptomatology as described fit in perfectly with a charmosis of moderately severe irostbite which has passed the stage of congelation erythematosa but

did not quite reach the bullous stage

Treatment -After treating the patient for Raynaud'a disease with the symptoms becoming progressively worse the treatment was changed to that for frostblte. The rationale employed was on a metabolic and nutritional basis, the object being to raise the supply of tocopherois and increase the body temperature, and consequently circulation, and to accelerate metabolism in the terminal parts involved. Fats were not unduly restricted, as they act as a tocopherol carrier, vitamin E being fat-soluble. Thyrold increases the basal metabolic rate, thus in creasing body temperature and accelerating circulation. A low-fat diet is apt to be low in tocopherols and, based upon our theory that tocopherol metabolism as well as low fat metabolism may cause subcutaneous edema, the diet was made proportionately high in tocopherois The pathology of this edema was described by investigators of this problem, and in interpretation, we assume that with swelling of the hands there is subcutaneous edema. and hy giving a normal fat diet with an increase of tocopherols we reverse this process. It has been demonstrated that akeletal muscles show hyaline degeneration and necrosis of the fibers with rupture and segmentation, pointing to the pathologic picture of a classic ischemic necrosis. In view of the fact that there is hemorrhage with hyaline thrombl in the small vessels, circulatory blockage occurs, which points to the cause of the lesion. The muscle becomes pale and "watery" and the fibers become fragmented and necrosed with Interstitial odema. Functionally there is a loss of muscle contractility A reaction sets in and is marked by the negrotic fibers becoming invaded by polymorphonnelear leukocytes and histiocytes These may fuse and form masses of cells, manifesting themselves as fibrotic nodules which harden and become tender to the touch.

If the condition progresses, calcification sets in or resolution takes place, repair consisting of gliosis and the formation of new fibrous connective It is interesting to note that the neurites and end plate are preserved in spite of this degenerative action in the fibrous and muscle tissue This leads us to postulate the nature of the pathology as a fibrous connective-tissue degeneration (myofibrotic rather than neural) andt hat tocopherols are necessary to maintain normal fibrous connectivetissue metabolism Alpha tocopherol is an antioxidant, and seems to be a dehydrating substance, and as such, would counteract the accumulation of fluids resulting from inflammatory or passive Tocopherols would appear to congestive causes prevent the solution of fibrous tissue and, as evident from the case discussed, the local application of tocopherols definitely acted in the regenerative process to cure this condition

## Summary

Of 29 cases of primary fibrositis treated by vitamin E (mainly in the form of an ointment). 20 cases showed marked improvement, and in 9 the relief of symptoms was fair Seventeen patients received inunction therapy only, and in this group improvement was marked or complete in 70 per cent, and fair in 30 per cent

In twelve patients receiving other forms of

vitamin-E therapy, approximately the same measure of relief (slightly less) was obtained—indicating that oral and other therapy is not the determining factor in re-enforcing the action of external application of vitamin E

It is, therefore, concluded that direct application of vitamin E to the affected site has a beneficial influence, apparently exerting a relaxant effect upon muscle fibers, relieving tenseness and tautness, the local application acting as a "lubricant" to prevent tissue injury through hydremia

Inunction therapy is favorably received by the patient

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## OUR RESPONSIBILITIES

Times of crises, such as the present, are marked by two opposing results. The first of these is the elevation of many ordinary men to sublime heights of bravery, self-sacrifice, and almost unbelievable accomplishment.

The other is the exact antithesis of this—avarice. greed for power or glory—or in many instances such simple and all-too-prevalent vices as laziness and neglect-result in acts which in these times can only

be classed as treason or sabotage

The newspapers are full of reports of strikes, lockouts, and the lowering of standards in all walks of life. Unfortunately even in that often-called "high-est profession of all"—the healing art—similar weaknesses have shown themselves Individual cases are heard of all too frequently, but of special concern to us is the conduct of those in charge of our medical organizations

It is particularly imperative that the men who have left our midst for military service be assured that in their absence there will have been no lowering of the standards or standing of the hospitals colleges, and medical societies they left behind  $_{
m them}$ 

Those of us in control of such organizations have a very real responsibility to these men, especially—as well as the profession as a whole—not to permit any

such downward trends

Just as there has been much talk recently of war guilt, and we hear on every hand that those in authority will be held strictly accountable, not only for the crimes they have committed, but also for the ones they have permitted to take place simply through failure to exert their authority properlythere seems to us to be a day of reckoning in the near future when our returning physicians will demand and receive a strict accounting of our stewardship of their ethical standards, professional opportunities, and institutions!—Carl C Fischer, in Hahnemannian Monthly, May 1, 1945

#### HEMANGIOMA OF THE MEDIASTINUM CAUSING DEATH IN THE NEWBORN

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THE literature contains very few references to hemangiomatous tumors of the mediastinum in patients of any ago and seems to be almost barren of any reports of this condition in the newborn Before 1923 only 38 reports1 of mediastinal tumors in infants and children were made and none of them were of angiomas. In 1936 Bencinia mentioned a rare observation in the case of an 18-day-old infant who had no angroma of the percardium which ruptured into the percardial sac. Dodericin' in 1938 reported in the German literature n widespread hemangioma of the diaphragm, inner chest wall, and abdominal wall causing death in n 7-8 month premature infant who died soon after birth G J Houer in 1941, discussing the surgical treatment of tumors of the mediastinum, speaks of cystic lymphangiomas hut does not mention hemangiomas. Adams and Blocks in 1944 stated that they found one report in the literature of a malignant hemangloendothelioms in a man and they add the case of a man 34 years of age who had a hemangroma of the mediastinum. The tissue of origin of the tumor was not determined Geschickter and Keasbey<sup>4</sup> reviewed 570 cases of hemangroma at Johns Hopkins Hospital up to 1935 Sixteen were found in the heart valves. None were mentioned as arising in any other mediastinal etructure and the ages were not given.

The purpose of this paper is to present 2 cases of mediastical hemangioma causing death in the newborn (1) because to our knowledge these are the first to be reported in the United States, (2) because the condition is probably not as rare as the hierature leads us to believe (3) the symptoms in some cases should suggest in mediastical tumor, and (4) to encourage routine postmortem examinations.

#### Case Reports

Cass i—A girl baby (05831A), the firstborn of ormal parents with no familial history of vascular anomalies, was delivered normally, weighing 5 pounds, 10 ounces, on September 13, 1942. She appeared to be n perfectly healthy normal infant and was breast fed with supplementary feedings. On Aovember 24 weighing 5 pounds 7½ ounces, eleven days after hirth, the infant vomited, had a respiratory grunt and labored breathing refused to nurse and had in "greenist-blue color" The following day, November 25 there was considerable difficulty in passing a tubo to gavage the patient but it was accomplished. On November 26 the weight was 5 pounds, 10 ounces, nourishment was given by Brecht feeder, and cyanosis was increasing. The first note of coughing was on October 1, when there was considerable phlegm in the throat. On October 4 the child was very hlue, had spells of choking, and cred "as though in pain." The symptoms gradually became worse and death occurred on October 0 Complete x ray studies by Van Alstyne" showed a shadow in the anatomic position of the right middle lobe, right diaphragm, and cardiophenic angle.

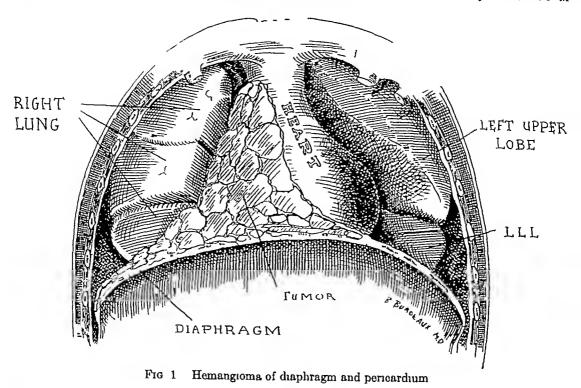
A postmortem examination one hour after death showed the sternium and anterior portion of the ribe to be unusually firmly attached, over a wide area, to the diaphragm. This measured up to 2 em in thickness from its anterior to the posterior origins and in two-thirds of the right portion. The thicken and control of the properties of the right portion around the great vessels (Fig. 1). About two thirds of the percardium up to its reflection around the great vessels (Fig. 1). About two thirds of the percardium was involved in the process. The thymus seemed to be involved grossly but the microscopic study later did not bear this out. The thickened tissues embarrassed the pleural and mediastinal spaces on the right side and partially obstructed the aorta, inferior vena cava, and esophangus by pressure and tortion produced by the tumor in the diaphragm. The symptoms can be explained easily from these findings. Thus, the cyanosa was due to anoxa brought about by the tumor in two ways (i) physical bulk and replacement of diaphragmatic muscle so that the diaphragm could not function, and (b) embarrassment of the heart action by the tumor in the pencardium and by the pleural fluid. The pressure and the esophagus in its passage through the diaphragm made it difficult to swallow and to pass the gavage tube Furthermore, there was considerable fluid in each pleural cavity and marked collapse of the lungs. The heart presented no gross pathology and the abdominal viceera were not remarkable.

Microscopic examination showed n very cellular hemangioma hypertrophicum composed for the moet part of small anastomosing capillaries, some without hlood (Fig 2A) In large areas the cellularity was so marked that there were no lumens and the compressed cells looked like fibrous tassue (Fig 2D) In other areas there were large cavernous spaces with very thin walls (Fig 2A) The lining of all the spaces was flattened endothellum and no evidence of malignant degeneration could be found.

ovidence of malignant degeneration could be found.
The tumor infiltrated and largely replaced the muscle of the diaphragm (Fig 2B), making it in-

capable of functioning

Another child born of these parents in 1944 is perfectly health; in every respect at the age of one year Cas 2 - A girl baby (1-6959), the firstborn of normal parents with no familial history of vascular anomalies, was delivered normally on August 30, 1944 weighing 5 pounds, 12 ounces. She was apparently normal in every respect and was hreast fed. On September 20 twenty-seven days after birth she had hlack and hlue areas on the hips and vomited blood-streaked material. She weighed 7 pounds, 8 ounces at that time. The same symptoms were resent on October 2 On October 4 the infant was admitted to the hospital, when various black and hlue areas were noted on the buttocks, back of the hand, and below the left hreast. The skin was dry and slightly icteric. Shortly after admission there was regurgitation of dark-brown mucus streaked with blood. This continued throughout the day. Death occurred on October 5 Autopsy performed eleven hours after death showed a poorly nourished body with a slightly icteric tinge in the conjunctives. Black and hiue areas were noted in the skin of the abdomen, back of the right hand, and were the vertebrae. These in no respect looked like



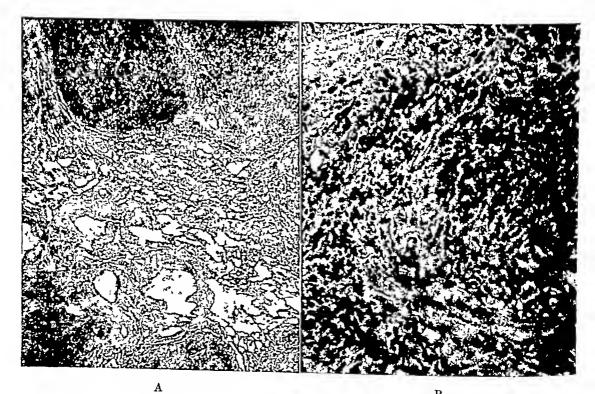


Fig. 2 A—Solid compact cellular portion and looser more cavernous portion, B—Higher power of more cellular area infiltrating muscle of diaphragm

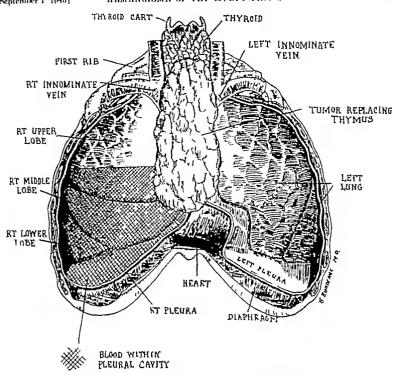


Fig. 3 Hemangioma of thymus ruptured into right pleural cavity

telangicetasias When the thorax was opened the right pleural cavity was found to contain a large quantity of blood. The thymus was replaced by a dark, purphah-red tumor which measured 8 cm. in length by 5 cm. in diameter (Fig. 3) It had ruptured through the capsule, permitting the escape of blood into the right pleural cavity. The tumor was firmly adherent to the pericardium from which it could not be dissected. When the pericardium was opened the smooth inner lining was found to be hemorrhagic and the pericardial fluid, not increased in amount, was bloody. On section the tumor was found to be made up of large vascular spaces like a sponge filled with blood. A small amount of thymus could be identified at the lower pole of the tumor. No telangicetasias of the gastrointeetinal tract nor other gross pathology of note was observed.

Microscopic examination showed the thymus to be surrounded and divided by a cavernous hemangiomatous mass of tissue which involved the capsule and intrabbular connective tissue (Fig. 4B) and did not actually invade the thymic pulp except in an occasional area. The pulp was, however, heavily infiltrated with hlood, by which many lohules were replaced or destroyed. The angioma seemed to arise by vascular proliferation of fine capillaries both inwardly toward the substance of the gland and outwardly away from the capsulo. The capillaries gradually increased in caliber until they became dilated spaces with walls one or two cells thick, filled with blood (Fig. 4A). In some areas the walls were incomplete so that large communicating spaces like srectile tissue were formed. It is interesting to note that the hillus of one lung also contained many large, thin-walled veins looking very much like cavernous homonglomatous tissue. The structure of this angioma differed from that in Case in that the vascular spaces were large and had thin walls like a cavernosum, whereas the tumor in Case I was made up of small spaces with thick walls.

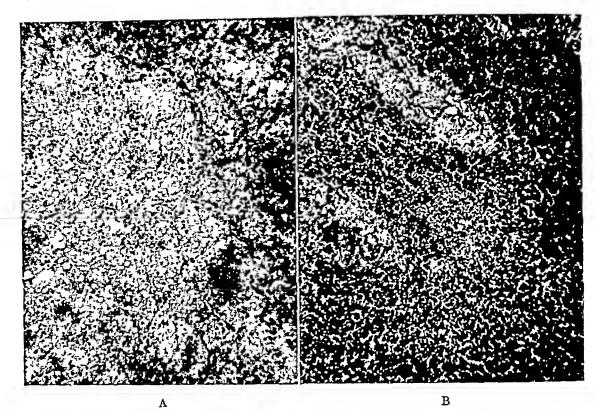


Fig 4. A—Dilated spaces filled with blood, B—Thymus with angiomatous septa.

Speculation as to the origin or cause of these tumors is probably fruitless, but a study of the histogenesis of blood vessels makes these defects more understandable They are probably congenital anomalies arising on the basis of a vascular developmental defect Ewing felt that the congenital origin of the great majority of angiomas "speaks strongly in favor of a tissue predisposition" He distinguished between true angiomas "in which a neoplastic process affects the walls of vessels and usually also the supporting connective tissue" and those in which there is excessive development of more or less normal vessels The two cases presented here fall into the latter group Shaws felt that angiomas come from angioblastic cells in the vascular layer of the embryo which remain disjointed when other similar cell groups link up to form the normal blood vascular system These cell masses proliferate, giving the appearance of stunted blind capillaries which contain no blood, or a more cellular growth produces the compact angioma, and finally, if the capillaries become connected with the general circulation the cavernous angioma results Geschickter and Keasbeys and MacCallum quote Ribbert's theory that these tumors grow from their own rudimentary embryonic vascular substance and not through the widening and assimilation of adjacent blood vessels Geschickters states that arterial cavernous angiomas consist of thin-walled endothelial spaces filled with red blood cells associated with areas of hemorrhage and zones of angiomatous tissue of capillary type The rapidity with which the disease becomes manifest after birth and the severity of the symptoms are dependent on the size, number, and directness of the arteriovenous According to Arey,10 capillary communications plexuses are shown to precede the formation of defi-"Only by the nite arterial and venous trunks selection, enlargement, and differentiation of appropriate paths do the definitive vessels arise, whereas those capillaries from which the flow has been directed atrophy" From this it is not difficult to picture the development of an angioma

## Summary

Two cases of hemangioma of the mediastinum causing death in the newborn are presented with autopsy findings

1 A healthy appearing newborn infant gradually developed symptoms of respiratory difficulty as evidenced by a respiratory grunt, coughing, choking, and cyanosis The symptoms rapidly became worse and death ensued twenty-six days after birth and fifteen days after the onset An autopsy revealed a hemangioma of the diaphragm and pericardium, adequately accounting for the symptoms

The onset, development and character of the symptoms are pathognomonic of a progressive mediastinal

tumor

2 A healthy newborn infant developed its first symptoms of black-and-blue areas in the skin and vomited blood-streaked material twenty-seven days after hirth The symptoms rapidly became more severe, with the addition of a slight ictoric tinge to the skin and death followed nine days after the onset and thirty-six days after birth. No pressure symptoms were observed, prohably due to the location of the angioma in the thymus in the unper part of the mediastinum, where there was more room for expansion. An autopsy revealed the cause of death to be hemorrhage due to runture of the hemangioms into the right pleural cavity

These are the only 2 cases of this kind found in approximately I 200 autopues in this hospital. Honever it is folt that if autopsies were performed in all cases of death and especially so in infants presenting the symptoms mentioned in Case 1, more tumnrs of this kind would be found

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Appreciation is expressed to Dr. Harry I Johnston of the Maternity Division for the privilege of reporting these

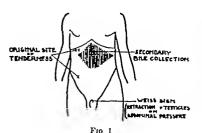
## TRAUMATIC BILIARY CYST OF LESSER SAC (OMENTAL BURSA)—OPERATION. RECOVERY

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THE comparative infrequency with which the surgeon encounters injury to the abdominal viscera without penetration of the abdominal wall or chest and the frequent difficulty in making a correct diagnosis of a grave internal lesion because of the apparently unimportant external trauma warrant the report of this case Nonpenetrating trauma of the abdomen or chest may cause rupture of Intraabdominal structures without evidence of external injury or with signs of only a simple contusion of the abdominal wall The bigh mortality associated with this type of injury because of the pltfalls in diagnosis and therapy urges the need far earlier recognition and earlier operative interference when Indicated.

Numerous references in the literature relate to



biliary pentonitis resulting from a ruptured liver or hile duct, but meager mention is made of localization of biliary peritonitis to the lesser sac (omental This case exhibits such an injury that gradually led to the formation of a large bluary cyst of the lesser sac with gradual deterioration of the



Fra 2 Path of rubber tube through gastrocolic ligament for drainage of lesser sac.



Fig 3 Site of entry of drainage tube

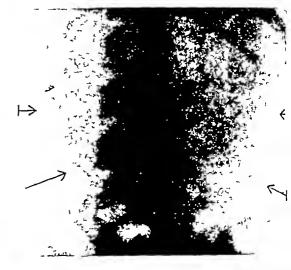


Fig 4 X-ray plate of abdomen showing collection of fluid in lesser sac

patient in spite of supportive treatment, until operative intervention with drainage of the cyst immediately set the stage for the patient's complete and uneventful recovery

## Case Report

N P (76878), age 9, was admitted to St Joseph's Hospital on January 9, 1945, in severe shock He had just crashed into the rear of a rapidly moving truck while sleigh-riding Examination showed him to be cold and clammy with boardlike rigidity over the entire abdomen and Moynihan right lower quadrant tenderness and liver tenderness. There quadrant tenderness and hver tenderness was also an elevated area over the right pectoral region, suggesting a tear of the pectoral muscles His pulse was rapid and thready On supportive therapy the patient gradually recovered from his shock. Because of ecchymosis over the left elbow and the right hip and the presence of red cells in the urine, the possibilities of a fractured left elbon and right hip and of a ruptured bladder were investigated but not confirmed. His condition improved, as manifested, by stationary blood pressure, slowing of his pulse, and rising hematocrit, hemoglobin, and red-cell count His abdomen softened On the third day after admission he moderately became distended and began to vomit bile-stained contents (ileus) The vomiting and distention continued intermittently thereafter, in spite of the passage of a Levine tube (decompression) and supportive parenteral (plasma) therapy Or seventh hospital day his skin became icteric On the dominal x-rays showed moderate amounts of gas in the colon and in several coils of the small intestine No fluid levels or free air were disclosed, but there was a diffuse clouding suggestive of free fluid in the abdomen, together with another area suggestive of an encapsulated collection in the epigastrium and left hypochondrial region

By the eighteenth day after the injury the vomiting and distention persisted, but there was some re-

covery from the ileus, as manifested by fair bowel movements. The child lay with his left thigh abducted, externally rotated, and flexed (retropertoneal syndrome). He complained of pains in both shoulders. He had a positive Weiss sign (retraction of testicles on abdominal pressure). There was tenderness in the left upper quadrant and a suspicion of shifting dullness in the abdomen. Abdominal aspiration yielded a few drops of dark blood.

After additional parenteral therapy, exploratory laparotomy was performed on the thirtieth day after the accident. A long left-rectus-muscle-splitting incision with a transverse extension was made. There was very little free bile-stained fluid in the peritoneal cavity, together with a greenish tint of the contents. The lesser sac was found to be greatly distended, pushing forward the hepatogastric ligament and the gastrocolic ligament Evacuation of the omental bursa through the gastrocolic ligament yielded about 8 quarts of dark bile. Drainage was secured by the insertion of a large rubber tube into the omental bursa. The gallbladder, which at first was considerably distended, emptied after evacuation of the lesser sac. A dense mass of adhesions covering the inferior surface of the liver in the region of the right and left hepatic ducts was not disturbed so that no evidence of a rupture of the liver or of a bile duct was actually demonstrated.

The child made a complete and uneventful recovery and was discharged on the twenty-fifth postoperative day

## Summary

A case is presented of an aseptic general biletinged peritonitis and a lesser-sac-loculated collection of 8 quarts of bile, produced by an apparently nonpenetrating wound of the abdominal wall. The consequences became more grave, until operative interference evacuated the large cystic collection of bile. The eventual prognosis depends on possible formation of a stricture or complete healing of a probably torn bile duct.

## OBLITERATIVE ARTERITIS IN THE FINGERS DUE TO OCCUPATIONAL TRAUMA

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JA June, 1944 Barker and Hines' reported eleven cases collected over a period of seven years of "arterial occlusion in the hands and fingers associated with repeated occupational trauma." There was no evidence of arterial disease in any but the affected hand in any patient. Scalenus anticus syndrome Raymoud's disease and arteriosclerosis obliterans were eliminated as causes disease was considered unlikely although it could not be excluded entirely because no pathologie examination was made of the vessels in the involved area.

Recently I followed a case in which arterial occlusion in one finger was similarly associated with repeated occupational trauma and in which amputation was eventually necessary, permitting pathologic examination of the involved vessels

#### Case Report

On August 25, 1042 E. R., a previously healthy man, aged 44 years, was referred to me by Dr Robert C Robb complaining of swelling reduces, throbbing pain, and extreme tenderness in the distal phalanx of the right index finger of three days' duration, steadily getting worse,

Five days before on August 20, 1942 while the patient was taking a drill from a box the right index-finger tip was pleaced by a metal splinter from the shaft of the tool.

A diagnosis of felon was made and, on August 25 1942, under general anesthesin, the finger was opened widely on the medial side of the distal phalanx, the Incision penetrating well into the anterior enclosed space. No gross pus was seen. A rubber tissuo drain was inserted and the patient was allowed

to go bome.

In spite of an apparently adequate inculon, hower, the finger did not improve. The throbbing In spite of an apparently account increases, abover, the finger did not improve. The throbbing pain continued with little lotup and bealing did not progress. September 19 1942 the patient was admitted to the University Hospital of the Good Shepherd with a diagnosis of probable osteonyeluts of the distal phalax. Examination of the right incex finger showed a widely open incuron on the medial aspect of the tip discharging a small amount of thin pus. There was little inflammatory reaction evident, the fingertip baving a somewhat cadaverous appearance.
Roentgen-ray examination on this date (August

19, 1942) revealed "definite decalcification of the dutal phalanx of the right index finger, indicating an infectious process." On September 22, 1942 after a futile trial of conservativo measures, the diaphysis of the distal phalanx was removed under general anesthesia. The bone was found to be friable, al though apparently not grossly infected. A culture of the wound at this time yielded Staphylococcus aureus and Bacillus coli communior On September 26 1942 the patient was discharged as still unimproved.

On October 10 1912, fifty-one days after the miury, the patient was readmitted to the hospital

Barker N W., and Hines, E. A. Jr 1 Proc. Staff Meet., Mayo Clin, 191 345 (June 28) 1944.

with practically no reliof and the operative site continued to show no tendency to heal. Amputation was performed on the day of admission (October 10 1042) through the proximal portion of the middle phalanx The stump was closed without drainage and healed rapidly and cleanly It was noted at the operation that no bleeding at all took place from the slump no vessels requiring ligation or clamping Following this observation an investigation was made into the occupational history in hope that it might explain the unexpectedly poor healing of the infection Occupational History -For the past twenty-seven

for amputation of the finger. Since he had been discharged two weeks before be had continued to

suffer persistent severe pain in the affected finger

years except for an intermission of five years, the patient had worked as a toolmaker in the special job of drill twisting This work consisted in turning and guiding forward the shaft of a drill as it was being grooved in n lathe the tool being held in the index finger and thumh of the right hand.

The patient bad been conscous of numbress and coldness in all the fingers of this right hand, especially in the index and middle fingers for the past three years. He also noticed that after midding a fist the pads of the fingers on the right band stayed pale longer than those on the left. During part of this time he was under treatment by a physician without benefit.

Result of Pathologic Examination.—The pathologic report is as follows "There is considerable chromo inflammation in both the subepithelial and deeper ussues. One large artery (the only one included in the section) shows almost complete obliteration of the lumen due to intimal thickening The other vessels are not unusual "

This picture in no way suggests that seen in rembeaugutis obliterans. Similar obliterative thrombonsgiitis obliterans. changes are to be found in the arteries of the uterus and ovaries in scrility and in the stomach wall near an ulcer (Dr George II Resfonstein) (See Fig. 1)

#### Comment

Thus the pathologic report in this case rules out thrombosis, arteriosclerosis thrombosngiltis obliterans and pure vascepasm, and explains the occlusion on the basis of intimal thickening. It still cannot be shown on purely pathologic grounds, however, whether the intimal thickening in the digital arteries preceded the accident or was a result of the subsequent infection

There are three good reasons for believing that occlusion was present before the accident. are as follows (1) Numbness, coldness and other evidence of impaired arterial circulation in the involved finger were definitely present for at least three years before the injury (2) In Barker and Hines' 11 cases, in which arterial occlusion was similarly present and occupational trauma was similarly severe and confined to the affected areas infection was not a factor (3) The felon did not respond satisfactorily from the very beginning to what appeared to be adequate surgical treatment.

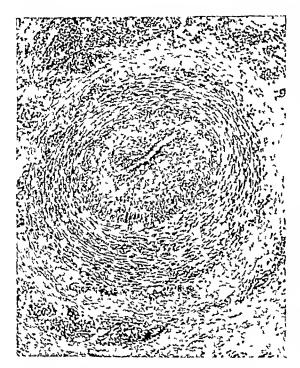


Fig 1 Photomicrograph of digital artery in amputated finger, low power, showing almost complete obliteration of the lumen due to intimal thickening

## Follow-Up Study

The patient was last seen on December 28, 1944, a little over two years after the amputation. At this time the stump of the right index finger was entirely satisfactory to the patient except that it still pained if accidentally struck on the end and

still felt cold The patient had returned to his former work as a toolmaker for one year after discharge from the hospital but then took up farming He stated that his hand bothered him very little on the whole, but that he still noticed numbness in the right hand at times and had to rest it every little while when milking or pitching hay

Examination showed the stump to be well healed, of fairly good color, with good motion in the joints and not particularly tender. It did, however, feel definitely colder throughout than any finger of either hand. Allen's test<sup>1</sup> was negative, indicating no obstruction to blood flow in either radial or ulner arteries.

In a final report from the patient on May 30, 1945, he stated that his right hand and even right arm still bother him considerably because of numbness, so much so that at times he is almost unable to use them. Whether this means that the process is still progressing cannot be told as yet.

## Conclusions

1 Certain occupations, such as toolmaking, which involve repeated trauma to the fingers or hands over long periods of time, appear to be capable of bringing about a marked impairment of circulation in that part

2 The circulatory impairment in the index finger in the reported case was due to occlusion of the lumen of the digital arteries by a thickening of the intimal coat, and not to vasospasm, thrombosis, arteriosclerosis, or thrombosinguitis obliterans

3 This condition is important medicolegally because it may not only seriously reduce the efficiency of the involved fingers or hands but may render them dangerously susceptible to accidental infection.

4. It may be that the disease progresses even after, the occupation that originally brought it about is discontinued

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## BACTERIOPHAGE NOW VISIBLE

Bacteriophage, formerly invisible foe of diseaso germs, has now been seen through an ordinary light microscope, Dr Alvin W Hofer, of the New York State Agricultural Experiment Station, and Dr Oscar W Richards, of the Spencer Lens Company, Buffalo, report (Science, May 4)

When the electron microscope made it possible to see bacteriophage particles, scientists found that they were larger than the flagella of bacteria. Since the flagella, tiny whip-like affairs extending from bacteria, can be stained and seen under ordinary light microscopes, it seemed reasonable to suppose bactoriophage particles could too.

bactoriophage particles could, too
This has now been done
Trist the bacteriophage
was treated with auramin, a dye, and radiated with
ultraviolet rays
The bacteriophage particles then

appeared through the microscope as bright-yellow pinpoints of light in an otherwise dark field With further study, Dr Hofer and Dr Richards developed two more methods for making bacteriophage visible

These involved the use of stains or dyes, one a modification of the acid-fast stain, and ordinary

ugu

With these methods and use of the new phase-difference microscope, the scientists were able to work out the order of events in bacteriophage destruction of bacteria. The sequence agrees with that seen in a darkfield motion picture, made by Dr. A. J. Pijper, of Pretoria, South Africa, showing bacteriophage action on a strain of typhoid-fever organisms—Science News Letter, May 12, 1945

## CONFERENCES ON THERAPY

DEPARTMENT OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDI-CAL COLLIGE AND THE NEW YORK HOSPITAL, NOVEMBER 30, 1944

THESE are stenographic reports, slightly edited of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell Univorsity Medical College and the New York Hospital with collaboration of other departments and in stitutions. The questions and discussions involve participation by members of the staff of the college and hospital students and visitors. The next report will appear in the October 1 baue and will concern "The Management of Pain due to Muscle Sparm

#### Penicillin

Dn McKeen Cattell Penicillin, the subject of the conference today, is one of special interest to us all Dr McDermott, who has done a good deal of work on the subject and is associated with the National Research Council committees concerned with the problem, will discuss the therapeutic application of penicillin, but first I might say a few words on the nature of the preparations employed

As you all know, pencillin is the bacterial substance formed by certain strains of the common green mold, Pencillium notatum. The material accumulates in the culture medium, from which

it is extracted for clinical use

The yield is extremely variable and is affected by a number of factors. In the first place, different strains vary enormously. The product is unstable in an acid medium, and since cultures tend to become more acid with time, the yield may be increased by buffering at a pH around 6. It has been shown that contamination with a number of grum-negative bacteria which are not affected by penicillin greatly reduces the yield. A substance has been extracted from such bacteria which inhibits the action of penicillin and has been named penicillinase.

A modified Czapek-dox medium is usually omployed. This is a synthetic medium buffered with disodium phosphate to get a pH of about 6. The yield may be improved by inoculation with used culture medium.

The materials used clinically vary greatly in their potency, but in general they have about

half of the activity of pure penicillin.

For this reason, in order that doses of known potency may be administered, each batch of penicillin is standardized and each ampule is labeled for its content of activity in terms of the Florey or Oxford unit. These two terms are synonymous. The Oxford unit is a purely arbitrary designation and represents the potency of a batch of material which Florey prepared. Recently at a conference held in London an international standard of potency was adopted

Eight Gm of a pure sodium sait of penicillin having a potency of 1,650 Oxford units per mg has been set aside for use as the reference standard. The conference recommended that the international unit be defined as the specific penicillin activity contained in 0.6 mg of the standard. The new unit which will presumably be adopted by this and other countries as the official designation of potency is approximately equivalent to

that of the Florey or Oxford unit

Two methods for the assay of penicillin sointions are in general use. One is the serial dilution method, which represents an activity which just prevents growth in 50 cc of a meat-broth culture of a standard strain of Staphylococcus aureus The method used and recommended by Florey is that of the extent of inhibition of the growth of staphylococcus on sealed agar plates The solution of penicillin is placed in a cylinder resting on the surface of the agar The diameter of the inhibited area is proportional to the concentration of the penimilla solution in the cylinder Desageresponse enryes are obtained for the standard and the diameter of inhibition produced by the unknown material is then expressed in terms of the activity of the standard

We have no method of estimating the concentration of penicillin in the body fluids by chemical means. However, approximate estimates can be made by utilizing the assay methods which I

have just described

By the addition of penicillin to blood it has been established that the degree of antibacterial action is within limits directly related to its concentration in the serum. Maximum bactericidal effects against the bemolytic streptococcus were produced by concentrations of 0.02 to 0.16 Oxford units per ce. Concentrations of at least 0.16 units are required for maximum bactoricidal action against staphylococcus aureus.

Penicillin differs from the sulfonamides in that it is not uniformly distributed throughout the body water Under ordinary circumstances very little can be demonstrated in the spinal fluid, the saliva, or tears following intravenous injection

Furthermore, it apparently does not penetrate the cells to any extent Determinations by Keefer's group show that the red blood cells contain less than 10 per cent of that in the plasma

Following intravenous injection penicilin disappears from the blood stream very rapidly Following the administration of a small dose (5,000 units) none can be demonstrated after about forty minutes. Larger doses persist for not more than two or three hours. Nearly all the injected material can be recovered in the urine, that is, about 70 to 80 pci cent of the amount given. There is evidence that a small amount is excreted in the bile, and some may be destroyed by the tissues.

Dr McDermott, will you continue the discussion?

DR WALSH McDermott Our discussion will be based on the experience of the two-year period in which approximately 18,000 civilian patients were treated with penicillin in this country as part of the investigative program, and almost as many were treated with penicillin obtained from commercial sources. We are in the position today where we can talk fairly definitely on the immediate results from the administration of penicillin in the treatment of the acute and subacute infections. We are no longer in the period of day-to-day trial and error in this field. The problems to be settled in the immediate future have now become fairly obvious

One only recently debated problem has been very definitely settled, and that is, that in general the preferred method for the administration of pencillin systemically is by the intramuscular route. The question of the use of pencillin locally will be discussed later.

First, I would like to mention briefly the results which have been attained in the acute infections. The figures which I quote are those reported by Dr. Keefer as chairman of the Chemotherapy Committee of the National Research Council.

In the staphylococcic infections with bacteremia, the mortality rate has been cut from 85 per cent to about 15 per cent. Cavernous sinus thrombosis now has a mortality of only approximately 25 per cent. With acute osteomyelitis the mortality figure is cut down to 10 per cent or lower, but with staphylococcic endocarditis only about 25 to 35 per cent of the patients go into a remission. Pneumococcal pneumonia is quite easily handled with relatively small amounts of penicillin and the mortality figure on an unselected series runs around 6 per cent. It is probable that that mortality rate will never be re-

duced much below 4 per cent because of the many other factors, besides the factor of infection, which play a part in the mortality of this disease As far as pneumococcic empyema is concerned there is still considerable debate about the method, not debate about the results Everyone agrees that a great deal of the malignancy of the disease has been removed and that we are saving patients with pneumococcal empyema who would have died prior to the use of penicillin The debate is just how many patients will require draining Dr William S Tillett, at New York University, has had the most extensive experience and believes that very few patients require surgical dramage other than aspiration Our much more limited experience has not been quite as happy as that, and I believe that a significant percentage of patients will require some form of surgical drainage other than aspiration. In any event we now use only aspiration in a much higher proportion than was formerly the case

Pneumococcal endocarditis has about the same mortality rate as staphylococcal endocarditis following penicillin therapy, 1 e, about 25 to 35 per cent immediate survival or "remission"

Pneumococcal meningitis is still a problem The survival rate ranges around 65 to 75 per cent However, there is a factor which must be considered In a few instances, surviving patients have been left with considerable brain damage due to the prolonged infection, and the chemotherapeutic agent has caused the survival of a hopelessly crippled member of society Another problem in the therapy of pneumococcal meningitis is whether the combination of sulfadiazine and penicillin is more effective here than penicillin alone It is my belief that the combined therapy is necessary because of the greater diffusibility of the sulfonamide Most of the patients with this condition whom we have treated have received both agents The best opinion at the moment is that this is an unsolved problem and will have to be investigated further

As far as Group A streptococcic infections are concerned, the meningitis, endocarditis, and empyema are about the same as the pneumococcic infections in regard to response to penicilin therapy

Pharyngitis and tonsillitis can be very satisfactorily treated with penicillin, but it requires at least five to seven days of therapy with penicillin before one can prevent relapse in an ordinary streptococcic sore throat, and it requires the daily administration of approximately 100,000 to 200,000 units

In uncomplicated gonorrheal ureteritis in the male, there have been no instances of cases which were refractory to treatment by penicilin

The same is true with regard to female generrhen. Here one of the problems is that frequently sufficient bactonologic proof is lacking of nileged resistance.

The patient still continues to have vaginal discharge, possibly due to some gram negative diplococci. Since cultures are not run through the sugars, the precise organism is not identified.

Dr Donald Anderson tells us that 5 patients with gonococcal endocarditis have been treated, of whom 2 have recovered

Treatment of gonococcal arthritis is quite satisfactory, but, as in the other forms of penicilin therapy, it requires fairly prolonged treatment A short period of two or three days may be followed by a relaise

Some of the muscellaneous infections in which penicillin has proved of use are the fusopirochetai infections arising around the gums and teeth with involvement of the structures of the neck and certain anaerobic infections which were previously resistant to treatment. Certain strains of constructions considered the penicillin. Dr. Anderson reports that 26 such patients have been treated and 19 have been recorded as improved. However, such a chronic infection will require quite n long period for evaluation of the results.

Penicillin is quite effective in meningococcic infections, but in the research program not n great number of patients have been treated. This is because of the fact that sulfadiarine is so effective that only recently have many civilian patients been treated with penicillin. If penicillin is to be used, it should be administered intrathecally as well as systemically

In hrief, a number of potentially serious acuta infections, many of which wore quite satisfactorily treated with sulfonamides, are being even more satisfactorily treated with pencillin, and at conaderably less risk to the patient

There is an important phenomenon which occurs with the use of penicillin in the treatment of acute infections which has a bearing on the treatment of subacute infections. If a patient with an uncomplicated pneumococcal pneumonu. or a Group-A streptococcus sore throat receives a small or a large dose of penicililu ranging in size from 10,000 to 300,000 or 400,000 units over a fairly short period of time, all the signs of infection may disappear, but the immediate and complete remission will last only for from one to two or three days and is then followed by a rolapse As this period of latency before relapse in acute infections is hrief, it has been relatively easy to try out a number of different regimens of penicillin therapy to establish which ones are superior. In the less acute infections, such as

staphylococcic bacteremias, bacterial endocarditis, infectious syphilis, and neurosyphilis, the same phenomenon holds, that is, a relatively small amount of penicillin given over a relatively short period of time results in disappearance of all the symptoms and signs of infection, but in n fairly high percentage of patients relapse occurs The difference between the acute and subacute infections lies in the fact that the period before relanse in the subscute infections may be a matter of many months. If it takes six months, it is quite obvious that may changes made in a given regimen may not be appreciated for at least six mantles later and, therefore, it is difficult to compare regimens of treatment of staphylococcic bacteremas, etroptococcal endocarditis, and syphilis The establishment of the proper timedose relationships for these infections is one of the pressing problems at present.

Anothor important problem, and one of the vexations of therapy, is the question of the relative efficacy of repeated intramuscular and of continuous intravenous injections. Efforts are being made to prelong penicillin action with a minimum number of injections. The first neproach is obviously to give a large amount of aqueous penicillin, as the toruc ceiling of penicillin.

has not as yet been determined The 0 078 unit per co concentration of penicillin in the serum is the one which, in vitro, is more than enough to inhibit completely most of the organisms susceptible to penicillin It may not be sufficiently high to inhibit completely staphylococci or nonhemolytic streptococci present in bacterial endocarditis A few examples will illustrate the blood levels attained and the duration of an effective concentration of penicillin given by intramuscular injection doses of penicillin, 300,000 to 800,000 units, given in a single intramuscular injection, tho 0 078 unit per cc level may be attained for periods ranging between four and six hours Capt Romansky, working at Walter Reed Hospital, incorporated penicillin in peanut oil and beeswax and gave it intramuscularly He reported the 0 078 nmt per ec concentration or higher was attained and maintained for ten to twolve hours after a single mjection of 300,000 units of this preparation

We have been using penicilin in 5 per cent beeswax and have obtained high levels for twelve hours, concentrations which were significantly higher than 0 078 unit per ce. However, after one lajection of 150,000 units the lovel foll below the critical point in the second hour, which indicates that the absorption of the material is somewhat irregular. With both aqueous and beeswax vehicles, the concentration of penicilin in the scrum lasts for appreciable

periods of time, five to twelve hours. The difference between the two is that with the aqueous penicilin the initial concentration is much greater, up in the neighborhood of 10 or 20 units per cc, if enough is given, whereas, with beeswax, absorption is inhibited and the maximum concentration is much lower. In both, the duration of the level is of the same order. There is then the question whether these very high peaks are of any therapeutic importance of whether it is merely the prolongation at a certain relatively low level that gives the best therapeutic results.

The solution of this problem is important. We have been working on it and our preliminary studies indicate that once a certain relatively low concentration is obtained, the important matter is to prolong that concentration over many days, or in certain infections many weeks, rather than to provide multiple peaks of high concentration

If that is true, and I think it probably will be proved to be true, it makes a great deal of difference in the treatment of subacute infections, because we will have to think here in terms of from four to twelve and even more weeks of therapy

At the present time the intramuscular method is the best one. Technically, the maximum limit of therapy by this route would be about four weeks. Obviously, we will have to find some other method of administering the material if the treatment of the serious subacute infections is going to require such prolonged therapy.

The three main problems before us for the next year are one, the chinical problem of pneumococcic meningitis, and whether or not sulfadiazine should be added to the treatment, two, the problem of the time-dose relationship of penicillin therapy, and three, a subdivision of the second, better methods of administration, for our present methods will not do if prolonged therapy is required

The one-week regimen for the treatment of infectious syphilis is about as good as anything used previously in the treatment of this disease, but is still not ideal in terms of relapse rate In bacterial endocarditis more than half of the patients will go into a remission How many of those will sustain that remission for periods as long as several years we don't know In neurosyphilis we can produce an effect, which probably does not last long enough with our present methods of administration I think we have every reason to believe, however, that with better methods of administration and better knowledge of the time-dose relationship, we can achieve very satisfactory results in these less acute and chronic infections

DR CATTELL You now have the opportunity to put questions to Dr McDermott I am sure

that there are many problems which you would like to put before him

DR HARRY GOLD Outside of the case of pneumococcus meningitis are there any conditions for which you would now recommend the sulfonamides instead of penicillin?

DR McDermott Yes Urmary tract infections due to B coli, which can be a very serious thing in pregnant women and others, are treated with the sulfonamides only Certain of the bacillary dysenteries are best treated with sulfadiazinc The immediate future of the sulfonamides probably lies with these infections and in the field of mass chemoprophylaxis, such as in the inheumatic-fever study of the Army and Navy

DR MARION B SULZBERGER What are the prospects of developing a satisfactory oral penicillin?

DR McDermott The prospects are good Dr Wheeler Has that not been done already?

DR CATTELL Yes, there are reports of patients in whom adequate blood levels were maintained when penicillin was administered by mouth. It is apparently a matter of the amount of material one is willing to use

DR WHEELER What is the present status of the method for maintaining the blood level by blocking the renal excretion with diodrast or some other substance?

DR McDermott We have had no experience with that All I know are the reports published in the literature, and I believe it works as stated in the reports. Our own feeling is that it is not worth while to spend valuable time and the time of laboratory personnel in methods for saving penicillin because the problem of saving penicillin will not be with us very long

DR CATTELL But that will also decrease the number of injections

DR McDermott That is the thing we are after I think decreasing the number of injections by adding such an unphysiologic process as blocking tubular reabsorption is unsound I don't like it

DR GOLD Is that really an injury of the tubules or merely a competition? It is not unphysiologic as far as I can see

DR McDermott It is adding another drug, and if you add one more drug you add all the potential troubles associated with that drug as well

DR CATTELL There are two other methods which have recently been proposed. One is chilling the area of injection. An ice pack was put on the shoulder for some time before and after the injection. This slowed the absorption so that the effective concentration could be maintained for a considerably longer period of

time Dr Bacon F Chow, of the Squibb Laberatory, reported that penicillin combined with albumin and under such circumstances, unlike the sulfenamides, the combination retained its normal activity Further, this preparation was retained longer in the blood stream

DR McDermott That second one has real promise The first one, I think, is again one of these trick methods for saving peniellin I would just as soon have repeated injections as

have an ice bag for twelve hours

STUDENT Is there any danger from caremonia when penicillin is given in beeswax to slow ab-

corntion?

Dn Medlemorr Nolody knows that Beeswax has been used as a velucle for a number of agents for the past four years. From that experione and from animal experimentation the evidence is that the beeswax is metabolized Hewever, it chould be emphasized that the definite answer is not at hand

DR. CATTELL Have vasoconstrictors been

DR MoDERMOTT At Bethesda absorption has been delayed by the use of comephrine

DR SULERGIER Have the things Fround pointed out, such as the aquapher, preparations, been used to slow absorption?

DR McDermorr I den't knew whether that one has or net. I think it would be a pretty safe statement to make that all of the knewn absorption inhibitors have been tried. Romansky listed a number that have been tried, and it was an impressive list.

Dn Modell. Has there been any attempt made to recover penicillin for use from the urine?

DR. McDernorr That had been suggested Production methods have new advanced so far that it can be made mere easily than it can be recovered from the urine

Dn CATTELL About 60 per cent can be recovered?

DR MeDermott Probably more probably up to 90 per cent. The original figures on that were too low

STUDENT How is penicillin exercted by kidney?

kidney?
De MeDenuorr Through both tubules

and glomeruli

DR WALTER MODELL You were very definite about there being ne resistant strain of genococcus. De you believe that other strains resistant to penicillin cannot be developed?

Dr. MeDeratorr Certain staphylococci are naturally resistant to penicillin. Most of those staphylococci so far have not been especially virulent, for some strange reason, that is, they have not been associated with bacteremia. Dr Monell. What about the development of resistance?

DR MeDermott With the development of resistance we are gotting into genetic problems, 1c, whether the organism develops resistance or whether we breed out the resistant ones. Dr Oscar Cov, of Boston, has a very good point when he says that the first week that sulfonamide was used in Boston they did not got 100 per cent cures. There were always some patients with gonerrhea whom they did not our The difference is that, whereas in 1937 the sulfonamide failures in Dr Cov's cline would run around 15 per cent, but 1944 the failures are around 70 per cent, so the possibility that the more resistant organisms have been "bred out" is one which must be considered.

DR WHEELER What is the evidence that pencillin is superior to the sulfonamides in those conditions in which the organism is netably sensitive to sulfonamide, like pneumococcal pneumona, streptococcal septecmia, ote?

Dn McDernort In pneumococcal pneumona I think the only difference is—and I den't think this has been proved statistically—that an individual with an extremely severe pneumococcal pneumonia can be brought under control mere quickly with penicillin than with sulfadiarine The enly other advantage it would have would be in its lewer toxicty

DR WHEILER I am net speaking of that. I was wondering about the fact that the recovery rates queted for pneumococcal pneumonia treated with penicillin de net differ from those reported for sulfadiazine in comparable institutions.

DR MODERMOTT They do, Dr Wheeler I am glad you brought that point up I would say, and I think you would agree, that the mortality from pneumococcal pneumonia treated with sulfadianne in carefully treated patients would run mround 6 to 7 per cont. Would you agree to that?

DR WHEELER I was thinking of some good series, down around 5 per cent.

Dr. McDermott I am not talking about the Bellevue figures. They were never better than 10 per cent due to the type of climical material they get.

Dn Modell Dr Plummer reported around 4 per cent.

DR McDermorr That was for private patients. It makes a great deal of difference.

Dr. Wheeler I was assuming that the statistics on penicillin were largely from university hospitals

Dn CATTELL There is a great deal of interest in the question of local action. It seems that in the case of the sulfonamides it has become more and more apparent that when the drug is given systemically it gets to the infected area very satisfactorily

Penicillin, which does not get into the cerebrospinal fluid to any extent, is still very effective in treating cerebrospinal meningitis. I wonder if the local effect is going to prove of much importance when the drug can be given systemically

DR McDermott Meningitis is still a problem, Dr Cattell It is true that under ordinary conditions penicillin does not get in the cerebrospinal fluid

If one gives massive doses of penicillin resulting in high blood levels for a period of four or five hours, one can then get a minute amount of penicillin into the spinal fluid, not enough to take care of a serious meningitis, but an amount which would inhibit the meningococcus in a test tube. In neurosyphilis it is perfectly obvious one need not give penicillin any other way than systemically. As a matter of fact in some cases of acute syphilitic meningitis systemic penicillin has been quite successful, and patients with meningitis due to other organisms have been treated without it being given intrathecally

However, there have been a few instances of patients developing meningitis when they were receiving systemic penicillin therapy. Therefore, at the present time, at least in pneumococcic meningitis and probably in all instances of purulent meningitis, it is advisable to administer the material intrathecally as well

DR CATTELL On theoretic grounds it might be assumed that only living cells are concerned and the organisms in the cerebrospinal fluid might not be of much importance

DR McDermott I think that is true of the central nervous system

DR CATTELL All living cells get ovygen and must be in close touch with the blood supply

DR KOTEEN Have you anything to say about the response of virus infections to penicillin?

DR McDermott As far as I know there are no virus infections which have been shown to be susceptible to penicillin

DR WHEELER How about the one that is the cause of idiopathic glaucoma?

DR McDermott I have never been convinced in the case of idiopathic glaucoma How about it, Dr Sulzberger?

DR SULZBERGER I don't know about that There is a form of conjunctival virus infection in which the sulfonamides act. There are other places where they don't quite parallel pencillin, for instance, in chancroid, which generally does not react to pencillin

DR McDermott There the evidence is

equivocal Some people say they do and some people say they don't

DR SULZBERGER Certainly not as well as they do to sulfonamides

STUDENT Would you say something about local application such as the intranasal administration of penicillin which has been recently reported?

DR McDermott In contrast to the sulfonamides, penicillin is effective locally Whether it is the best method of giving it is still a moot question

As far as the intranasal method goes, I am against it largely on grounds of prejudice, and my prejudice is based on the following considerations in bronchiectasis, there is an anatomic condition unfavorable to drainage from the infected area within the bronchi. One also has a surrounding area of pneumonia of greater or lesser extent. It would seem to me much more logical to attack that with systemic therapy

The other objection to insufflation is that the material we are giving is still crude. It is about 50 per cent pure, and sensitivity reactions to penicillin are not at all uncommon. One does get reasonably high serum concentration by use of the nebulizer, yet I would feel that we can and will develop simpler methods for home administration.

DR WHEELER Are there any recognized toxic effects of penicillin other than drug fever and skin rashes?

DR McDermott Yes, we have had in this hospital one serious reaction to penicillin therapy, which is, as far as I know, the only serious reaction to penicillin therapy which has occurred anywhere

A patient developed a delayed anaphylactic reaction of the clinical type formerly seen following administration of horse serum. As a manifestation of that pseudo scrum sickness he developed a severe peripheral neurities of the proximal muscles of the shoulder girdle with atrophy

DR CATTELL Was that proved to be due to penicilin?

DR McDermott To the antibacterial factor in penicillin?

DR CATTELL Yes

DR McDermott No, the only way to prove that would be by using the crystalline material

DR HARRY GOLD Is there any real danger in the reactions which occur in the treatment of early syphilis? I understand they do get pretty sick for a period

DR McDermott They get a Her heimer reaction but it is not serious. They also have that with arsenic. It is merely an intensification of the syphilitic inflammatory tissue, i.e., the

rash or chancre, for an hour or two, it leads to some temporary discomfort but no harm

DR MODELL In local application does pencillin retard wound healing? I suppose it might if it were put on a sterile wound

DR McDERMOTT Not if the concentration is proper Of course, there the experimental results are not quite comparable. When one sees the various bottles of penicillin which one gets from the various drug houses, it varies all the way from a canary-yellow powder to solid molas ses, and it is all "penicilin". If one did a wound study with some of the molasses stuff and a wound study with some of the canary-yellow, the results night vary

The reports are that it has no effect However, concentrated penicillin solutions are quite

irritating

DR. CATTELL In the early experiments it was tried in quite high concentration in testing its action on leukocytes It is surprising how little they were affected

Dr. Modell What about other antiblotics,

as substitutes for penicillin?

DR. McDennorr I think the only one that holds any promise at all in systemic infections is streptomycin. All the others are merely highgrade poisons that can be used locally but have no value systemically

DR. MODELL Would you not expect a series of developments like those which followed the in-

troduction of sulfanilamide?

DR. McDERMOTT I see no way of predicting it. We may go through another forty years without a single advance in the chemothempy of infectious diseases, or the next decade may be similar to the period of the last ten years

DR. WHEELER In relation to the matter of dosage, what would you consider a desirable

blood level?

Dr. Moderntoff I would say at the present time for most infections 25,000 units overy two hours will give one a more or less continuous serum concentration of 0 078 or better, and that will take care of most of the acute infections and most of the subacute infections. There will be a few exceptions to that—certain of the cases of nonhemolytic streptococcic endocarditis and certain of the staphylococcic infections.

DR. CATTELL Does that apply to syphilis?

Dr. McDremorr I think that probably applies to syphilis, from such evidence as we have from the hehavior of the patients with infectious syphilis and from the behavior of the Reiter's strain of spirochete in the test tube the spirochete falls just a little bit above the Group-A streptococci in terms of sensitivity to penicillin.

DR. CATTELL There has been considerable revision in the ideas of desage in syphilis, has there not, or is that only in relation to the time over which the treatment is given?

DR. McDermott No, there has not been any considerable revision Tho original regimen of Dr. Mahoney's was a seven-day regimen of 1.2 million units. That is associated with a relapse rate of about 71 per cent, which is as good as, or better than by any previous system. However, ridiculously small amounts were tried out with the idea of saving pencillin. One regimen consisted of a total dose of as little as 60,000 units over a seven and one-half day period. This was quickly discarded. The present regimens run from 1.2 million to 3 4 million units in one or two weeks.

I believe that the ideal treatment period will prove to be between ten and fourteen days

Da. CATTELL I think Keefer's original recommendation regarding blood levels of penicillin was that it should be between 0.02 and 0.10 of a unit per cc Is the 0.02 level now considered to be too low?

Dr. McDermott No, 0 02 will inhibit completely the more sensitive organisms such as Group-A streptococci, pneumococci, and a number of others. At least some of the nonhemolytic staphylococci require as high as 0 17 unit per cc.

Dn. SULMISIGER Dr McDermott, to come back to syphilis for a moment, is it true that the therapeutio efficacy of penicilln in early syphilis is really no greater than that of the highest intonuve-treatment deeage with the arsemicals and hismuth, and that the advance is not that syphilis is oured botter but that there is less to custy?

Dr. McDemiorr Oo the basis of the work which has been done up until today that statement is correct. However, there is real hope that in the future tile statement will not be correct. The relapse rate is down to 7 per cent now, which is as good as by the other treatment, and one can hope, giving more prolonged thempy or possibly more intensive therapy, that we may bring the relapse rate down to 2 or 3 per cent.

Dn. SULZBERGER The reason I ask that is because there is general misapprehension on that point. Laymen, and physicians also, sometimes draw the conclusion that a higher percentage of cases of syphilis are cured by this method

DR MoDERMOTT We had an excellent agent before penicillin. With penicillin we can now achieve results comparable with those achieved formerly It is a question, from now on, of attempting to better those results

Dr. Wescoe I have two questions to ask.

Do you know anything about the mechanism of the action of penicillin, and second, do you know any indications for its intravenous use?

DR McDermott I will answer the second question first I know of no indication for intravenous use, save if the patient is in severe shock. Certainly normal people, that is, people not in shock, get high serum concentrations within five minutes following an intramuscular injection. I question whether a man who is in profound shock would do that. So, if in doubt, I would give the first injection intravenously and the others intramuscularly.

As far as the mechanism of action is concerned, I know nothing other than the broad concepts of Dr René J Dubos and others, which are familiar to you. The penicillin enters into the economy of the organism in some way and brings about death, but precisely how this is effected is not known.

DR MODELL Do the arsenicals have any effect on the patient with syphilis not cured by penicillin?

DR McDermott I don't know, because the exact experiment to answer that question has not been done. It is true that a small amount of penicillin and a small amount of arsenic can produce an amazing effect in the treatment of early syphilis. By that I mean that if you give 350 mg of arsenic total and 300,000 units of penicillin, the relapse rate both in rabbits and man is well down, around 7 per cent. I don't think that the method has any practical advantage.

DR CATTELL Does not your question, Dr Modell, relate to whether the organism is resistant to one drug and not to the other?

DR McDermott I don't believe that the 7 per cent of patients who relapse have resistant organisms. I believe that they were not treated long enough, and the same is true of those treated with arsenic. So we may assume that they would respond to a second course of arsenic One thing we do know, and that is that the penicillin relapsers have responded to a second course of penicillin perfectly well.

DR WHEELER Is it true that penicillin actually kills the organism, its effect being different from that of the sulfonamides, which are thought merely to prevent their multiplication?

DR McDermott You get into the definition of terms there, Dr Wheeler It is true that in experimental animals one does not require the bodily defenses to secure the effect of the penicillin, as is necessary with sulfonamides So, in that sense, it is true that penicillin actually kills the organism and sulfonamide does not However, if penicillin and the sulfonamide both blocked the same enzyme system, and one were a thousand times more powerful than the other, it

might be difficult to distinguish grades of inhibition

DR GOLD Are you doing anything at the present time in connection with the possibility of developing fastness in any of the long-drawn-out infections requiring the use of penicillin?

DR McDermott Dr Loewe believes that in bacterial endocarditis the danger is very real. In our own less extensive experience we have seen no evidence of the phenomenon

DR GOLD How about staphylococcus osteomyehtis?

DR McDermott I think if the danger were very real there we would have begun to get some evidence by now, Dr Gold, because, as you know, the patients with the staphylococcus infections were really the first patients to receive penicillin therapy on any scale and have hence been followed for the longest period

## Summary

DR CATTELL Penicillin, after only a few years of clinical trial, is now established as our most important agent in the treatment of infections

In this conference it has not been possible to cover in detail the application of penicillin therapy in the wide variety of diseases in which it is employed, or to consider more than a few of the many considerations which determine the most effective regimens of therapy mercial preparations of penicillin are not chemically pure and the potency of each batch is determined by assay of its effectiveness on bacteria according to a standardized technic potency is expressed in terms of units of activity, one umt being equivalent to that of 06 mg of pure crystalline penicilin Different batches vary in their activity, depending upon the degree of purification, but in general do not exceed 50 per cent of the pure material, which has a potency of 1,650 umts per mg

Not only is penicillin effective in practically all acute bacterial infections, but it is of value in the treatment of many chronic localized infections for which in the past we have had no satisfactory therapy. These include pneumococcal empyema, cavernous sinus thiombosis, endocarditis, gonococcal arthritis, and osteomyelitis. The use of penicillin has reduced but not eliminated the need for surgical drainage in many local infections, e.g., in some cases of empyema aspiration is all that is required. Penicillin is not effective in urinary infections with B coh and in certain bacillary infections of the genitourinary tract, nor is it useful in virus diseases.

Thus, a number of potentially serious infections, many of which were satisfactorily treated with the sulfonamides, are now being even more satisfactorily treated with penicillin, and with less risk to the patient.

A number of points relating to the conditions giving optimum effectiveness in penicillin therapy were discussed

Evidence was presented in support of the following statements

1 If penicillin is continued only until the disappearance of all symptoms and signs of the infection many cases will relapse after a fow days in neute, and after mouths, in subjects infections, hence the importance of sufficiently prolonged treatment.

2 The important factor in pencellin theraps is the maintenance of an effective concentration in the blood, high peaks above this contribute

little, if anything, to the outcome

3 Injection by muscle is usually the route of choice, and by incorporating pencillin in peanut oil and becawar, the addition of epinephrine, and various other procedures prolonged effective blood levels are obtained without the high reaks

4 Sufficient peniculin must be given to maintain a blood concentration of from 0.02 to 0.16 units per to This requires about 25,000 units every two hours. In the case of subacute bacterial endocarditis the optimum level is probably in excess of this range.

5 In contrast to the sulfonamides, penicillin is effective when applied locally and its bacteriostatic action is not inhibited by the presence of pus. In most cases, however, systemic administration is nt least as effective and the preferred

procedure

6 Toxic reactions are relatively uncommon but fover and intricaria occurrenally occur and one serious reaction resembling serum sickness was reported. It is still an open question whether or not the reactions are due to penicillin or to the impurities present.

7 There has been very little evidence of the development of penicillin-resistant infections, although the phenomenon has been observed in

cultures.

### MEDICINE IN ANCIENT MESOPOTAMIA

The civilization of the Sumorians, the oldest and the most important of western Asia was at its zeaith in 3000 B C., says the Medical Journal of Aus-Their medicine, animistic and sacerdotal, was based on astrology and prognosis and treatment depended upon the gudance of the stars. center of Sumerian civilization was the temple and the king who was also the high prest and the chief of the magicians was from that fact the grand master of the doctors. Treatment was based on plival cal and spiritual hygiene Water and fire were the Mesopotamia was con chief purifying agents quered by the Accadians in 2,00 n c but Sumoran culture survived and remained the foundation of Assyro-Bahylonian civilization Clay tablets from the library of King Assur ban pal of Assyria and the code of King Hammurahi of Babylon, at preent lu the Louvre are remarkable documents from the medical point of view From the scals of one or two great physicians we learn that certain doctors were appointed to positions of importance in the State.

Moreover the letters of the most famous dectors of the Assyran court are available from them we learn of their medical doctrines. Their medicine like Sumeran medicine was secretotal and was practised by doctor presta. The legends all point to the Assyrana's symbolic attitude to life and to their constant procecupation with immortality. According to their kelief, man was the son of the god who gave him life. Thus if a man fell ll, he had to call upon one of the creator gods and ask of him deliverance from his trouble and purification from past sins (for illness was always the result of sin or impurity). Brought about by one

of the countless demons and malign spirits that haunted the imagination, or by an evil spell cast by a sorecrer the sickness had to be combated by natural nad magic means. The doctor's task as soon as he was called to the patient, was to discover the causes of the illness. He inquired into past misdemennors into the patient's thoughts, into his fears of heing possessed. The doctor then decided upon the nature and extent of the demon illness. If the doctor was mahle to solve the mystery of the illness recourse was had to divination. tion of the stars, the interpretation of dreams and the offering of sacrifices were carried out with scrupulous attention to ritual and is accordance with tradition. When a sacrifice was offered, the organs were examined, the first thing noted was the state of the liver which is belleved by all oriental peoples to be the vital organ and which the Chal deans held to be the seat of the soul of investigation was pouring oil on water and not ing the various patterns that it made.

When a dusquosis was made treatment consisted first of all in reconciling the patient with his god and then the demon illness could be driven out. Prayers and lavocations to the angry gods were collowed by certain purifying rites and by expactory esonfaces, a kid or a lamb being offered. The patient was sprakled with fresh water, "washed of his sins," and the illness was destroyed by magic forces, as fire huras and purifies a handful of grains of whent. The a at last good health, evidence of a hlameless life and of the presence of his god in the man, was once more restored. He who obeyed the divino law and led a his free from sin should remain in health and live long,—M Res., May 1936

# Constructive Program for Medical Care

## American Medical Association,

This platform was adopted by the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945

### Preamble

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights, and the "American Wav of Life" are diametrically opposed to regimentation or any form of totalitarianism. According to available cyidence in surveys, most of the American people are not interested in testing in the United States experi-

ments in medical care which have already failed in regimented countries

The physicians of the United States, through the American Medical Association, have stressed repeatedly the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated. American private enterprise has won and is winning the greatest war in the world's history Private enterprise and initiative manifested through research may conquer cancer, arthritis, and other as yet unconquered scourges of humankind Science, as history well demonstrates, prospers best when free and unshackled

### Program

The physicians represented by the American Medical Association propose the following constructive program for the extension of improved health and medical care to all the people

Sustained production leading to better living conditions with improved housing, nutrition, and sanitation, which are fundamental to good health, we support progressive action toward achieving these

objectives

An extended program of disease prevention with the development or extension of organizations for public health service so that every part of our country will have such service, as rapidly as adequate personnel can he trained

Increased hospitalization insurance on a voluntary hasis

The development in or extension to all localities of voluntary sickness insurance plans and provision for the extension of these plans to the needy under the principles already established by the American Mcdical Association

The provision of hospitalization and incdical care to the indigent by local authorities under volun-

tary hospital and sickness insurance plans

A survey of each state by qualified individuals and agencies to establish the need for additional medical care

Federal and to states where definite need is demonstrated, to be administered by the proper local agencies of the states involved with the help and advice of the medical profession

Extension of information on these plans to all the people with recognition that such voluntary pro-

grams need not involve increased taxation A continuous survey of all voluntary plans for hospitalization and illness to determine their ade-

quacy in meeting needs and maintaining continuous improvement in quality of medical service

Discharge of physicians from the armed services as rapidly as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians

Increased availability of medical education to young men and women to provide a greater number

of physicians for rural areas

Postponement of consideration of revolutionary changes while 60,000 medical men are in the service voluntarily and while 12,000,000 men and women are in uniform to preservo the American democratic system of government

13 Adoption of federal legislation to provide for adjustments in draft regulation which will permit

students to prepare for and continue the study of medicine

Study of pestwar medical personnel requirements with special reference to the needs of the veterans' hospitals the regular army, navy, and United States Public Health Service

# BLOOD PLASMA FIRED IN ARTILLERY SHELLS

Blood plasma was successfully fired in artillery shells to Allied troops cut off hy Nazis in Europe, reports Maj Gen Paul R Hawley, surgeon to the European Theater of Operations (Marine Corps Gazette, May)

This adds a new item to the list of many ways in which blood plasma has been delivered to American fighting men. In the past, plasma has gone to the front hy plane, ship, on horseback, and in jeeps, and it has been dropped from the air in parachutes

General Hawley reports also that preinvasion estimates of the amount of plasma that would be required to fill the needs of the Army were far too Instead of one transfusion required for every five men wounded, hattle experience has shown the need for one transfusion for every two mcn wounded

—Science News Letter, June 16, 1945

# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL The members of the committee are Olicer W H Mitchell, M.D. Chairman (428 Green wood Place, Syracuse), George Bachr, M.D. and Charles D Post, M.D.

### November Lecture on Gynecology

NOVEMBER 20 the Tompkins County Medical Society will have another postgradu ato lecture arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York. The lecture will take place at 8 30 r m in the Nurses' Home at Tompkins County Memorial Hospital, Ithaca

Nathan P Scars professor of gynecology at the Symcuse University College of Medicine will speak on "Gynecology in Conorm Practice" This instruction will be presented by the Medical Society of the State of New York with the co-

operation of the New York State Department of Health

### Low Back Pain

DOSTGRADUATE instruction, armaged by the Council Committee on Public Health and Education for the Tompkins County Medical Society, will be given on September 18 at 8 30 PM at the County Memorial Hospital.

Dr Frank N Potta, professor of orthopedic surgery at the University of Buffalo School of Medicino, Buffalo, will speak. His subject will be 'Treatment of Low Back Pain."

### DICHLORO-DIPHENYL-TRICHLOROETHANE

The effectiveness of the third wonder drug of the war (sulfonamides, penicillin, and D.D.T.) was discovered because of a change in the monsoon season in East Africa The Army had a satisfactory powdor that would keep a man free from lice for about a week. One of the ingredients of this powder was pyrethrum. The early appearance of the monsoon in 1942 curtailed the supply of this substance from Kenys the place from whence most of the pyrethrum came The result was that a search for a sub-

stitute was begun.
In 1874 Othman Ziedler, a young student st Strasbourg, synthesized dichloro-diphenyl-trichloro-ethane. This substance was first prepared com mercially in Switzerland, where it appeared on the market under the name gesarol. It was used to destroy certain agricultural pests. The Depart-ment of Agriculture called the military anthorities' attention to this compound and extensive studies of its insecticidal and lethal properties were under taken These tests showed that it could be safely used. D.D.T., as it is called in Army parlance, kills insects either when ingested or when it merely comes in contact with them. It acts as a nervous system poison. For instance mosquitoes after contact with an olly solution of D.D.T. show no signs of being poisoned at first. After about fifteen minutes they become agreated, take off a bruptly and fly about in erratic drunken circles. In from five to twenty minutes they drop to the floor paralyzed,

only to die several hours later This reaction is so characteristic that it has been called "gesarol ilttera, ' or D D T's

The effectiveness of this new powder lasts much longer than any previously used When a solder's clothes are thoroughly dusted with D.D.T. he will remain free from lice a month The repellent power of the clothing will last through several washings. The powder can be blown under the clothing with compressed air, so that the delousing can be done rapidly In Naples some dusting stations deloused 5 000 persons a day and in all more than 1,250,000 persons were treated. The effect was little short of muraculous. Not a single case of typhus has been reported among American troops in Italy although there were fifty new cases a day in Naples when the

invasion took place

DDT has varied uses. Dissolved in oil it is much more effective as a larvacide than anything formerly used. It is effective even when used in infinitesimally small amounts. In quantities ordinarily used it is harmless to fish, water fowl, and animals. We have seen it stated that dairy barns apmyed with D.D.T. would remain free from flees for as long as a month. Whether this is one of the fantastic atomes that were circulated after its adoption by the Arms, we cannot say After the war when it will be released for civilian use, it will un doubtedly find a great variety of uses.—I trginia M

Monthly, June, 1945

# Medical News

## Statement by the Council of the Medical Society of the State of New York

DURING the past session of the New York Legislature there was a bill introduced which was known as the "Anti-Vivisection Bill" This bill would have prohibited experimentation on dogs in the State of New York It passed the Senate but was not reported out of the Rules Committee in the This bill was furthered by a great deal of false and misleading propaganda intended to de-lude the legislators and the public

Had the bill been enacted, it would have been the greatest setback to the progress of medical science which has occurred since the study of anatomy of the liuman body was forbidden in the Middle Ages All right-thinking physicians are opposed to cruelty to animals, but rightly supervised experimentation is not cruel and every precaution is taken to prevent suffering Such properly supervised experimentation has brought about the greatest advances

in the treatment of disease

To mention only three of the advances from experimentation on dogs, let us consider diabetes, the plasma treatment of shock, and modern surgery The modern insulin treatment of diabetes would never have been possible without studies on dogs As a result the lives of thousands of children have been saved, for diabetes was formerly a very fatal disease in children, and the lives of thousands of adults have been prolonged and made happier Thousands of lives have been saved on the battlefield and at home in the treatment of shock by the

This also was worked out on degs use of plasma Many of the miracles of modern surgery had to be worked out on dogs first.

Animals themselves have benefited by the experimentation on dogs The propaganda issued by the supporters of this bill has deliberately ignored all this and has played up instances of unnecessary cruelty, which, if true at all—and this is doubtful are rare in occurrence and certainly have not been practiced by any medical school or any properly supervised research institution

Nevertheless, in view of the hysteria which was mahorously created by the backers of the bill, it took great courage on the part of those legislators who opposed its passage Medical science and the public owe them a debt of gratitude for their cour-

age

It has come to the attention of the Council of the Medical Society of the State of New York that Assemblyman Öswald D Heck, Speaker, Chairman of the Rules Committee of the Assembly, has recently been subjected to a scurrilous, smear campaign because his committee did not report out the bill The Council, therefore, wishes to go on record as commending the action of Assemblyman Heck and all others who opposed the passage of this permicious piece of legislation They are to be congratulated for their stand against the forces of ignorance, fanaticism, false sentimentality, and cynical irresponsibility

# \$100,000,000 Asked for Maternity Aid

A BILL providing a \$100,000,000 maternal and child-health program, in accordance with recommendations recently announced by the National Commission on Children in Wartime, was introduced in the Senate on July 26 by Senator Claude Pepper, chairman of the Subcommittee on Health and Welfare, and mne other members of the Education and Labor Committee under which the Pepper Commuttee functions

The bill would extend within ten years to all women wishing it the same inclusive maternity care now being given to the wives of servicemen in the four lower-pay grades under the Emergency Maternity and Infancy Care Program, to be administered by the Children's Bureau as a permanent

part of the Social Security Program

The bill provides \$50,000,000 annually for a program of maternal and infancy care, patterned in general after the E M I C system, under which 845,000 servicemen's wives and babies have received medical care, and under which the birth expenses of one out of every six of the current baby population have been paid. The scope of the program would, however, be broader than that of the EMIC and would include the correction of defects of school children and youth and health services for them

In addition, the legislation would, under a \$25,-000,000 title, provide complete medical care to all crippled and handicapped children, many of whom have been demed, for lack of State funds, treatment to which they were entitled under the Social Security Act Under a third title a \$20,000,-000 welfare program would be set up designed to curb delinquency The remaining \$5,000,000 asked

would go for Federal administration of the Federal-

State grants-in-aid program

Each title would be administered under a system in which the States would pledge themselves to extend the program each year until it became statewide, agree not to permit race discrimination and assure able administration Funds would be matched dollar for dollar on the basis of proportional child population, but other funds would be allocated on the basis of local medical care costs, special maternal and child-health problems, and the financial need of the State

Senator Pepper explained that the bill was not in conflict with proposals for broader medical care for all the people, but rather might serve as a prelude to a "total medical-care plan designed to lift the

levels of health and medical care" "Cluldren do not wait to grow until the nation decides what kind of a national health program it will have," he said "We can learn much that will be of use to us later in dealing with the larger problem by pushing ahead now with this more limited measure

The anti-delinquency program to be set up under the bill would provide temporary care for children who otherwise would be detained in jail, and payment of costs of returning runaway children to their own communities if costs could not otherwise be met

The co-sponsoring Senators were Walsh, of Massachusetts, Thomas, of Utah, Hill, of Alabama, Chavez, of New Mexico, Tunnell, of Delaware, and Guffey, of Pennsylvania, Democrats, La Follette, of Wisconski Physical Research of Wisconsin, Progressive, and Aiken, of Vermont, and Morse, of Oregon, Republicans

### Research Aid Bill Offered in Senate

A BILL to create a central scientific research agency of the Federal Government, to be known as the National Science Foundation, was introduced on July 23 by Senators Kilgore, of West Virginia Pepper, of Florida, and Johnson, of Colorado, all Democrats.

It followed the recommendations made by Senator Kilgore's subcommittee on War Mobilization and had these specifically declared purposes

"To provide for an increase above prewar levels in the government's support of research and development in fields that are predominantly in the public interest, particularly national defense bealth and medical science and the basic sciences.

"To provide for an efficient coordination of Government-supported research activities

"To stimulate a general expansion in research by

private organisations and institutions
"To promote a wider flow of scientific and tech

nical information which may be useful to industry and agriculture and business, particularly small enterprises.

"To encourage a rapid introduction and full use of scientific discoveries and the most advanced techniques and inventions.

"To encourage the training of new scientific talent through a system of research fellowships and scholar ships,"

Senator Kilgore pointed out that a number of

bills intended to improve postwar research already were pending, adding that he would propose joint hearings before the Senate Military Affairs Committee so that all could be compared and some agreement reached.

Senator Pepper stressed the aid to medical research proposed in the bill, saying that here, too, the country had often been dependent on German "seorets" A committee of nine would be formed to carry on after the war the functions of the present committee on medical research of the Office of Scientific Research and Development.

Vir Popper asserted that while money was "desperately needed" for improving medical research "almost more than that security and long term accontives and organization are needed for men and women working in this field"

Many philanthropie organisations, he added, because of their limited funds had been able to give only short-term grants and "bare subsistence salance or fellowships."

Establishment of a National Research Foundation was recommended by Dr Vanevar Bush, director of the Office of Scientific Research and Development in a report to the White House made public on July 18. With Federal financing starting at \$33,000,000 a year this foundation would support basic research and develop trained personnel in colleges and other nonprofit institutions.

### 15 Drug Makers Raise \$84,000 Penicillin Fund

A TRUST fund totaling more than £20 000 hout \$34 000—has been raised by fifteen manufacturers of penticillin to be used for scientific research at St. Mary's Hospital Medical School, University of London under the direction of Sir Alexander Flemms, discoverer of penticilin

ander Fleming, discoverer of penicillin Creation of the trust, to be called the Alexander Fleming Fund, was announced by the penicillin producers on July 25 although Sir Alexander was notfied of it at a dinner given in his honor in the Wal dorf Astoria by the manufacturers on June 25

A second honor, the award to Sir Alexander of the 1944 Humanitarian Award of the Variety Clubs of America, brought a message from President Truman in Potsdam, in which the President praised the scientists as a man to whom "the world owes a debt of gratitude difficult to estimate" The award was made and the message read in Washington,

The Alexander Fleming Fund, meeme and principal, will be administered under Sir Alexander, who is given "the widest latitude" according to the announcement. Results of rescarch made under the fund will be available without charge

Companies that contributed to the fund include
Wyeth Inc. Ben Venue Laboratories, Inc. Cheplin
Laboratories, Inc., Commercial Solvents Corp,
Hoyden Chemical Corp, Hoffman-La Roche, Inc.,
Ell Lilly and Co. McKesson and Robbins, Inc.,
Merch and Co., Parke, Davis and Co., Chas
Pfirer and Co., Inc., Schenley Laboratories Inc.,
E. R. Squibb and Sons, the Upjohn Company, and
Winthrop Chemical Company, Inc.

### Reports Wide Need of Women Doctors

W Oblen physicians will have a much larger part in filling postwar medical needs than they had in the past, the Women a Bureau reported on July 22. They constituted less than 5 per cent of the 165 000 physicians practicing before the war Declaring the postwar demand for physicians of

all types would be great, the bureau said
"There seems to be general agreement that the
women now studying medicine are likely to have
greater rather than iess opportunity than those who

preceded them"

The report said the war had increased tremendously the demand for women physicians, both for work in the Army and Navy and in replacing de-

tors who had gone to the armed services. Also, only four out of the seventy-seven approved medical schools in the country now refuse admission to women.

While women had tended to specialize in pediatrics, psychiatry, and public health they would expand into other medical fields after the war, including medical research and teaching, it was stated.

The report contended there had never been a time when adequate medical care was available to all the population in 1940 it was said, one physician served about 600 people in the Northeastern States, 700 in the West, 800 in the North Central region, and more than 1,000 in the South.

# Public to Receive DDT Insecticide

).DT, the insecticide, has been made available in small quantities for civilian and agricultural users beginning in August, by the War Production Board

Heretofore distributed only to the armed forces and experimenters, DDT will go to the public in limited quantities as long as military requirements remain at current levels, the WPB said

A special grant will be made to the Public Health Service of the Federal Security Agency for Programs designed to control disease-carrying insects

The potency of the chemical was emphasized by Sievert A Rohwer, assistant chief of the Bureau of Entomology and Plant Quarantine of the Department of Agriculture He said

"Industry has a privilege and a responsibility, and must use D D T wisely, both in the interest of

public welfare and for the good of the industry
"There is a great deal that is yet to be learned about how to safely use D D T insecticides, from the standpoint of hazard to the user, the consumer of products on which residues may occur, the effect they may have on soils and on the whole balance of nature in terms of beneficial insects and wild life "

The Department of Agriculture, through the chief of its chemical and fertilizers branch, Dr G F MacLeod, reported that it would not require D D T for specific use unless these requirements were fulfilled

The crops of animals to be protected must be an

important part of the food program No other insecticide is satisfactory, or satisfactory

insecticides are not available.

Use is officially recommended by the Bureau of Entomology and Plant Quarantine of the Department of Agriculture or by a State official

The person responsible for making the recommendation and requesting its allocation should indicate his willingness to keep a watchful eye on its use so that it will not involve quantities in excess of those approved and actually needed

It should be determined and stated by a qualified official that no deleterious residue problems will be

involved in its use

Similarly, a qualified official must indicate that the danger of poisoning bees, of upsetting the bio-logic complex, is not such as to create a hazard in the proposed use of D D T

## Ophthalmology Exam Postponed

UE to transportation difficulties the examina-tion of the American Board of Ophthalmology, originally scheduled for Chicago, October, 1945, has been postponed to January 18-22, inclusive The exam will be held in Los Angeles from January

28 to February 1
The New York exam will be during May or Junc

### San Marino Receives an U.N.R.A. Ambulance

FULLY equipped ambulance was formally A turned over to the Republic of San Marino on July 27 by Lt Col Vincent B Lamoureux, of the UNRRA. Italian Mission Medical Division This is the first contribution under the agreement signed recently with UNRR.A. whereby the small republic is to receive assistance up to \$30,000

Medical supplies transported in the ambulance included penicillin, insulin, DDT insecticide powder, vitamin-C tablets, ether, calcium, gluconate ampules, phenobarbital tablets, sulfadiazine cintment, bandages, cotton gauze, suture catgut, syringes thermometers forcers blankets sheets. thermometers, forreps, blankets, sheets, syringes, powdered and condensed milk, and sugar

# County News

### Albany County

Appointment of Dr Frank Edward Coughlin, of Albany, to the State Board of Medical Examiners to replace Dr Paul B Brooks, Albany, whose term has expired, was announced on July 28 by the State Board of Regents

The board met on July 27 in New York City with a newly named advisory committee to assist the Education Department in developing programs on arts

and handicrafts in schools, institutes, and colleges Resignation of Claude Van Wie, Saratoga Springs, from the committee to prepare Regents' examina-tions was followed by appointment of Herbert I Oakes, Chappaqua, to take his place \*

### Cattaraugus County

Dr Clarence A Greenleaf, medical director in the Olean schools, was re-elected as president of the New York State Association of School Physicians at a meeting of the executive board of the associa-tion on June 28 in Syracuse Dr Greenleaf completed his first term as president of the group this year '

### Chenango County

Dr J Mott Crumb was re-elected chairman of the Chenango County unit of the National Founda-tion for Infantile Paralysis at the recent annual

meeting held in Norwich

Other officers for the year include Dr John H Stewart, first vice-chairman, G Clayton Dutton, second vice-chairman, Mrs George McMullen, secretary, and John L Nash, treasurer Others elected to the executive committee are Edward S Moore, Dr E F Gibson, Clarence F Gaines, of Sherburne A Stanlay Burghard of Oxford William Sherburne, A. Stanley Burchard, of Oxford, William C Bennett, of South Otselic, Cyrus M Higley, and Mrs Dorothy Adwards \*

### Erie County

A resolution calling for amendment of the local health ordinance to ban the sale of sulfa drugs without a doctor's prescription was adopted unanimously by the Medical Society of Eric County on June 30 Copies were sent to Mayor Joseph J Kelly Council Branchest Transfer of William Kelly, Council President Kneeland B Hall Health Commissioner Francis E Fronczak, and Edward S Godfrey, Jr, state health commissioner Council President Kneeland B

<sup>\*</sup> Asterisk indicates that item is from a local newspaper

Calling attention to a similar amendment dealing with the sale of sulfa drugs in the sanitary code of New York City, the society asks Commissioner Godfrey to sponsor a bill in the 1946 Legislature making the sale without a prescription illegal

throughout the state.

"That the Medical So-The resolution states ciety of the County of Erie, hereby urgently recom mends that the health ordinance, known as Chapter 25, of the city ordinances of the City of Buffalo, be amended to prohibit the sale of sulfa drugs and sulfa-containing products for internal or external use without a physician's prescription, the ban on the unrestricted sale of these sulfa-containing prod ucts to become effective October 1, 1945, the latter being the date on which the sulfa-drug sales-control regulation for the City of New York will go into operation.

"It is further resolved," the resolution concludes, "that the health commissioner of the State of New lork be petitioned to initiate and sponsor a hill at the 1946 session of the New lork State Legislature making the sale of sulfa drugs or sulfa-containing products without a prescription illegal throughout

the State of New York

The meeting was the society's last session until

Appointed on June 30 by Gov Thomas E. Dewey to the New York State Temporary Commission on Medical Care Dr Harold F R. Brown, of Buffalo, informed the Governor of his acceptance of the des ignation and of his desire to further the purposes of the commesson, "the determination of sound state medical-care policies and programs in the interest of all the public.

The Medical Society of Eric County of which Dr Brown is a past-president, issued a statement de-claring the appointment shows recognition by the Governor of the society s contention that the com mission should include private practitioners as well as doctors with public institutions or in public serv

ice '

"Is an Infantile-Paralysis Epidemic Imminent?" was the subject of "Your Health and Happiness," new series sponsored by the University of Buffalo School of Medicine and the Medical Society of Erie County, broadcast over WBEN on July 14 nt 4 30 P.M. Participating in the discussion were Dr A. Wilmot Jacobson and Dr Thomas S Bumhalo, pediatricians, Dr Edward M Bridge, head of pediatrics research at the Children's Hospital, Dr John W hohl, attending orthopedist at Meyer Memorial Hospital, and Arthur I Goldberg, acting director of public relations at the university, who served as moderator

Dr Nelson W Strohm of Buffalo, was appointed on July 28 to the medical committee on grievances of the State Board of Regents. Dr Strohm filled the vacancy created by the resignation of Dr George R. Critchlow of Bullato who had served on the committee since 1941 \*

#### Franklin County

Dr Frank R. Ferlaino, of New York City was guest speaker on June 27 at the final meeting of the year of the county society, held in the John Black Room of the Saranac Laboratory

The meeting was well attended by physicians from Baranae Lake, Malone, Tupper Lake, and Plattsburgh. The afternoon's activities were terminated by a dinner at the Hotel Saranac

Dr John N Hayes, president of the society, presided at the session and introduced the speaker

Dr Ferlaino spoke on the newer uses of penicil lin and the possible use of it by oral administration rather than hy three-hourly injunctions. He de-scribed peniculin in peanut oil and becover and told of the possibility of peniculin in dormatologic ointment for the treatment of skin infections.

Dr Forlaino also discussed streptomyein, which is of value in treatment of infections caused by some penicillin-resistant bacteria. Although this agent is ouly available for experimentation, its value in animal tuberculosis treatment is said to be one of a definite suppressive action on the tubercle bacullus."

#### Genessee County

Dr Ralph B Smallman, practitioner in Corfu for the last twenty years and soon to open practice in Batavia, was the speaker at a luncheon meeting of the Kiwanis Club on July 5 "Chmate As Cure' was the title of his address

Saying he doesn't believe the southern climates can cure most diseases, Dr Smallman told of arriving in Arizona a few years ago, only to find a ventable epidemic of common colds among the residents of that supposedly healthful state. The speaker of that supposedly healthful state. The speaker asserted that hay fever influenza colds, and sinus trouble thrive in the southern regions as well as

they do here.
"It I were to put into equation form the formula for cure," the speaker said, "I should say that cure equals 5 per cent climate, 75 per cent care, and 20 per cent courage and the will to got better "\*

#### Greene County

For the first time in the history of the county society, a woman will head that organization, following action of the society on July 10 m nominating Dr Frances Persons Wiese, of Lexington, for the office of president.

More than thirty physicians and their wives were

present for the July meeting of the society, which was hald at the Sugar Maples, Maplecrest, Dr Edwan Mulbury of Windham, returing presi-dent presided, and Dr Wiese rendered the vicepresident's report, in which she stressed the publichealth angle the many clinics held in the county, and their advantages.

Guest speaker at the meeting was J Van Wie Bergamini, a native of Athens, and a missionary architect for the Episcopal Church who told of the experiences of himself and his family while prisoners of the Japanese. They were liberated from Bilibid Prison near Manila in February by the American

Army

The following officers were nominated and will be elected at the October meeting of the society for president, Dr Frances Persons Wiese, for vice-president, Dr Benjamin Miller, of Oak Hill, for secretary, Dr William M Rapp, of Catakill, for trensurer Dr Malloo H Atkinson, of Catakill, for chairman of legislative committee Dr Percy G Waller, of New Baltimore, for chairman of public relations committee, Dr Alton B Daley, of Athens, for delegate to the state medical society. Dr Kon neth F Bott, of Greenville.\*

### Kings County

Instruction in proper care of babies was available to prospective mothers through the new series of mothers' classes sponsored by the Visiting Nurse Association of Brooklyn The Summer session opened on July 11

The six-class program included lectures on prenatal care, personal hygiene, mothers' elothing, normal nutrition, baby clothes and supplies, baby's bath, infant care and development, and aftercare of

the mother

In addition to the prescribed topics, the staff nurse advised on individual needs and problems of the mothers, either after class or through home

Open to women from all sections of the city, a dollar covered the charge of the entire course Army

and Navy wives were admitted free

Miss Marie M Knowles, executive director, announced the opening of a mid-Summer series at the Bay Ridge substation on July 5, at 2 30 P M

The courses are under the approval of the Maternal Welfare Committee of the Medical Society of

Kings County \*

The Brooklyn Cancer Committee is sending a booklet, "How Your Doctor Detects Cancer," 7,153 Brooklyn contributors to the first appeal for the new "Little Red Door" information center Total received to date in the \$50,000 appeal to sponsor a cancer control program in Brooklyn is \$20,224 25

Dr S Potter Bartley, chairman of the Brooklyn Cancer Committee and the cancer committee of the Kings County Medical Society, said, "anyone who is sufficiently aware of the need for a cancer control program in Brooklyn to contribute to its support should be ready to assist further by passing on to friends the important information contained in the booklet '

The booklet describes the procedure in making a preventive examination It emphasizes that most early cancer is curable and that "your hope of cure is to detect it early "\*

Forty new staff members have been appointed to the faculty of the Long Island College of Medicine for the 1945-1946 school year, it is announced by Dr Jean A Curran, president The appointments, as well as thirteen faculty promotions, were approved at a recent meeting of the executive faculty and the Board of Trustees

With the forty additions, the teaching staff, not including eighty-one members on leave of absence as officers in the Army and Navy Medical Corps, now numbers three hundred and nineteen men and women engaged in full or part-time work with the college's four hundred and seventeen students \*

### Lewis County

At recent meetings of the Lewis County Public Health Committee and the Lewis County Medical Society, a program for the public-health nursing service was organized and adopted to go into effect Since there are now three nurses working in the county, it is felt that a more comprehensive program can be carried on than ever before

Members of the Public Health Committee are Byron W Trainor, Millard Plato, George Hart, Mrs Edna M Horth, Mrs Perry Williams, Dr Bruce M Phelps, and Dr Thomas A Lynch \*

### Monroe County

Dr Arthur D Redmond has been appointed medical officer at the University of Rochester's college for men and for the men students at the Eastman School of Music He succeeds Dr Edwin Fauver, who recently retired as college physician and head of the physical education department but who will continue as an instructor in the medical school Lieut George P Hcckel, (MC), USNR, will continue as medical officer for the Navy V-12 unit at the river campus and will share with Dr Redmond the medical duties in connection with the welfare of the university's athletic teams

### Nassau County

The new officers for 1945-1946 of the Nassau The new others for 1945-1946 of the Nassau County Medical Society are president, Dr William C Atwell, of Great Neck, president-elect, Dr Eugene H Coon, of Hempstead, vice-president, Dr E Kenneth Horton, of Rockville Centre, secretary-treasurer, Dr Walter C Freese, of Baldwin, board of censors, Drs G E Christmann, of Valley Stream, M T Gaillard, of Baldwin, R. R Galione, of Roslyn Heights, David Gurin, of Great Neck, and E H Miele, of Merrick Members of the Workmen's Compensation Committee to serve the Workmen's Compensation Committee, to serve two years, are Drs B L Burdick, H A. Butman, and Otho C Hudson Dr Louis A Van Kleech will serve two years as delegate to the State society Alternates to the four delegates to the State society arc Drs J B Conolly, of Glen Cove, T J Curphey, of Garden City, W J Davies, of Rockville Centre, and C E Woods, of Westbury

### New York County

The Society for the Study of the Blood was organized at a meeting at the New York Academy of Medicine, June 14, with Drs Alexander S Wicher, president, Paul Reznikoff, vice-president, and Peter Vogel, secretary-treasurer The society will concern itself with problems in the allied fields of clinical and experimental hematology, blood grouping, and transfusion. Three scientific meetings will be held a year At the first meeting the speakers were Drs. Nathan Rosenthal, on "The Development of Hematology in New York City", Eugene R Marzullo, "The Role of the Hematologist in the General Hospital", and Lester J Unger, "Blood Banks of the Future"

Appointment of four associate deans at the College of Physicians and Surgeons of Columbia University was announced on July 29 by Dean Willard C Rappleye The appointees are Aura E Severing-haus and Vernon W Lippard as associate deans for medicine, Margaret E Conrad, associate dean for nursing, and Harry S Mustard, associate dean for public health.\* public health \*

Acceptance by S Sloan Colt, president of the Bankers Trust Company, of the co-chairmanship with Lewis W Douglas of the Memorial Cancer Contact Product Center Fund was announced on August 1 by Reg. inald G Coombe, president of Memorial Hospital for the Treatment of Cancer and Allied Diseases. The fund will be used to convert the hospital into the world's largest cancer center

When Mr Douglas, Mr Colt, and the business and industrial leaders who will assist them have completed their plans, the amount which will be sought by public subscription will be announced

Mr Colt said that Memorial Hospital "has led the world in the improvement of cancer treatment technics, in research, and in the training of cancer specialists." Its record, he said, made it reasonable to hope that if it received adequate support it might make "substantial progress toward finding the answer to the mystery of cancer"\*

Columbia University has announced that a series of postgraduate courses in clinical medicine will be given at the Mount Sinai Hospital beginning the week of October 22 A course in endocrinology and metabolism will be given from December 17-22, and one in recent advances in gynecology from November 12-17 Applications should be sub-mitted prior to October 8 For further information, address the Secretary for Medical Instruction, the Mount Sinni Hospital, Fifth Avenue at 100th Street, New York 29

Col Ralph Stewart Muckenfuss, M.D., officer in charge of the First Medical General Laboratory from June 28, 1943 to January 19 1945, was re-cently presented the Legion of Merit This high award n as granted in recognition of his exceptionally mentorious conduct in the organisation and main tenance of a laboratory to serve the European Theatre of Operations. Colonel Muchaniuss entered military service from New York, where he occupies the position of Director of the Bureau of Laboratories in the New York City Department of Health The citation accompanying his award reads in

part as follows
"Through the initiative and energy of Lieuten ant Colonel Muckenfuss, the lat Medical General Laboratory, the first organization of its type, was set up in the United Kingdom. The unit performed in a superior manner its mission of assisting all in a superior manner its mission of assisting all hospital laboratories performing laboratory examinations beyond the resources of hospitals, maintaining the only virus diagnostic laboratory in the United Kingdom, maintaining a veterinary laboratory, and investigating the canactive factors of epidemics. As United Kingdom Consultant in Research, Lieutenant Colonel Muckenfuss did much to further the scientific background of medical practice in the European Theatre of Operations. Under his supervision the only blood bank in the United Kingdom was organized"

The Board of Health at its meeting held on July 24 added a new section to the Sanitary Code restricting the sale of preparations containing pomeilin or other antibiotic drugs (preparations propared similarly to penicillin) to persons presenting a written prescription of a physician, dentist, podlatrist, or veterinarian except in the cases of preparations which the Board of Health at some future dato may specifically exampt from the pro-visions of this section The new ruling will become effective on August 1 1945.

Health Commissioner Ernest L. Stebhus in revealing this move, gave three principal reasons for the Board's action The indiscriminate use of penicillin and other antibiotic drugs might be dangerous One of the hazards is that undertreatment may alleviate the symptoms of the illness without curing the disease which, in turn, may conthue to be communicable to other persons and to produce damage to the infected person. Another reason given by Commissioner Stehbins was that "there is also accumulating evidence of possible importance of the development of penicillin fast strains in persons who are inadequately treated. Finally, the Board took this action because these antibiotic drugs have been recently developed and there has not been sufficient time to determine the possible toxic reactions If at some future time the Department finds that some preparations containing antibiotic drugs are entirely harmless yet effective in the treatment of certain diseases, the matter of exemptions will be reconsidered by the Board of Health."

Dr Stohbins revealed that the Department had conferred with representatives of the drug industry at a special meeting on July 17, and that there was general acceptance of this type of control
The new Section 118a of the Sanitary Code as

adopted by the Board of Health follows "Sale of Antihlotic drugs regulated

"Penicellin and preparations containing penicillin and other antibiotic drugs shall not be sold at retail or dispensed or given away to any person in the City of New York except on the written prescription of a physician, dentist, podiatrist, or voterinamen unless specifically exempted from the provisions of this Section."

#### Onondaga County

Officers of the New York State Association of School Physicians were re-elected at a meeting vesterday of the executive board in Syracuse

They are Dr Clarence A Greenleaf, of Olean, president, Dr Edgar Bleber, of Dunkirk vice-president, and Dr C Adele Brown, of Oswego, secretary and treasurer.

### Oswego County

Dr Gerhard Kersten, Oswego physician, who is on active drity overseas, has been promoted to the mak of captain in the U.S. Arm, Medical Corps, according to information received here Captain Kersten has been in France since February serving with the 221st General Hospital unit.

Dr Charles Aharn, who has returned to Oswego from his internship in the Manhattan Eye and Ear Hospital in New York City is sharing the offices of Dr J M Riley \*

### Queens County

Dr Morris Roth, of Long Island City, is now on an overseas assignment with U.N.R.A. to work as a surgeon in the Displaced Persons Division in Germany Dr Roth joined that organization in June and has been receiving special training at their Training Center University of Maryland He practiced medicine for ten years in New York City and had proviously served in various municipal hospitals in Berlin and is a graduate of the Univer eity of Berli

### Rensselser County

Dr Jesoph A. Zepf, of Watervliet has been honorably discharged from the Army Medical Copp, after three years' service. Volunteering in September 1942, Dr Zepf was

commissioned a captain and served in Army bases in this country

He will resume his practice in Water liet."

### Saratoga County

Dr William H Ordway, who last September com

pleted a quarter of a century of service with the Metropolitan Life Insurance Company Sanatorium at Mount McGregor, was honored on June 28 at a dinner meeting of the county society and its auxiliary at Newman's Lakehouse

Pictures were shown by Dr Maurice Tainter, recently returned by plane from a trip to the Near East, where he went at the request of the government to study and inspect health conditions and sanita-

tion in those countries

Dr Frederick G Eaton, Saratoga County Medical Society president, presided, welcoming guests and introduced Dr Walter S McClellan, who, in behalf of the societies, presented Dr Ordway with a farewell and testimonial gift.\*

### Schenectady County

Maj Elmer G St John, of Schenectady, reopened his medical practice on July 13 after being returned to mactive status from the army because of a medical disability

Major St John was in charge of the officers' surgical section at William Beaumont General Hospital, El Paso, Texas, when he was returned to

mactive status

He served as surgeon of a task force which established a base on the Island of St Lucia, British West Indies He later became chief of surgical service in the sector hospital in Trinidad In the fall of 1942 he was transferred to the 41st General Hospital at Fort Read, Trinidad, as attending surgeon and acting executive officer

After about two years of overseas service he was returned to this country in June, 1943, and was on the surgical staff at a station hospital at Camp Wolters, Mineral Wells, Texas \*

### Ulster County

Members of the industrial health committee of the Ulster County Tuberculosis and Health Association met in Kingston on July 13 Plans were formulated for the promotion of further chest x-rays surveys, to be conducted in well-adult groups throughout the city and county

Members of the industrial health committee include representatives of the Ulster County Medical Society, the State Department of Health, Kingston Board of Health, employers, managers, and employees as well as health association members'

# Necrology

Annetta E Barber, M.D., of Glens Falls, died on April 4, 1945 at the age of 86 She was a graduate of the Women's Medical College of the New York Infirmary for Women and Children, of the class of 1898, and had retired from practice. She was a member of the state and county medical societies and the American Medical Association

Benjamin Hoyt Belcher, MD, of Yonkers, died on July 31, at the age of 66 He graduated from New York University and Bellevue Hospital Medical School in 1904, and practiced in Yonkers for forty-one years He was the head of the social burgers along of the cuty health department for hygiene clinic of the city health department for twenty-six years He was a member of the Yonkers Academy of Medicine, the state and county medical

societies, and the American Medical Association
Marion Arvine Coleman, M.D., of New York City,
died on July 22 at the age of 75 She graduated
from New York Eclectic Medical College in 1900,
and had practiced in New York City since 1902

Frenk Truler Horking, M.D., of New York City

Frank Tucker Hopkins, M.D., of New York City, died on July 25 He was 87 Dr Hopkins graduated from the College of Physicians and Surgeons, in New York City, in 1885, and served his internship at the New York Eye and Ear Infirmary and St Luke's Hospital, and residencies at Roosevelt and Foundling hospitals He retired in 1933 because of failing sight, but remained as an honorary assistant surgeon on the ear service of the New York Eye and Ear Infirmary's outpatient department He was a member of the county and state medical

Lewis Henry Koplik, MD, of New York City, died on July 22, at the age of 41 He graduated from the medical school of Western Reserve University in 1928, and served his internship in Pilgrims Hospital, Boston For a while he practiced in Boston and taught pathology at Harvard Medical School.

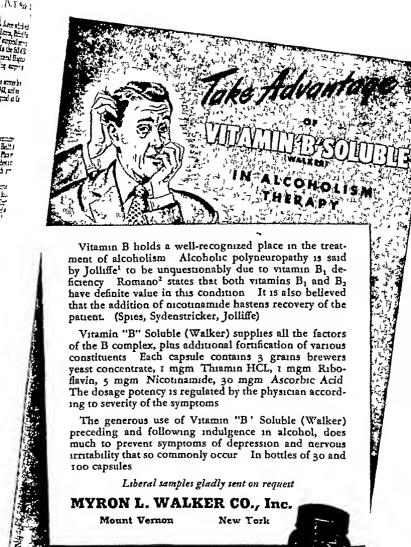
He was assistant pediatrician in the outpatient department of New York Hospital, assistant bacteriologist at Mt Sinai Hospital, instructor in pediatrics at Cornell University Medical College, assistant health officer of the Yorkville, Manhattan, health center, and attending physician and board member at Willard Parker Hospital He was a member of the New York Academy of Medicine, New York Pathological Society, New York Pediatric Society, American Association of Pathologists and Bacteriologists, the county and state medical societies, and the American Medical Association

Alfred Labori Lyons, Lt Comdr, (MC), USNR, of Flushing, was killed in action about May 18 He was 46 He graduated from Vanderbilt University sity Medical College in 1928 He was, before he entered the service, assistant physician at Mary Immaculate and Triboro hospitals, and a member of the Queens County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Marshall William MacDuffie, M D, of New York City, died on July 23, at the age of 63 He gradu-ated from New York Medical College in 1904 and He later interned for two years at Flower Hospital served there as attending gynecologist, and obstetrician, lecturer on gynecology at the school for nurses, and assistant professor of gynecology He was an attending surgeon at Metropolitan Hospital and chairman of the advisory board and attending sur-geon at Park West Hospital He was a former president of the New York County Homeopathic Medical Society and a member of the State Homeo-pathic Medical Society, American Institute of Homeopathy, and the American Association for the Advancement of Science

Charles VanWert, M D, of New York City, died He graduated from Albany Medical on August 2

College in 1887



# Hospital News

# Dewey Acts to Get U S Hospital Help

GOVERNOR Dewey designated two agencies on August 2 to prepare an inventory and survey of needed hospital construction in the State and to formulate and carry out the State plan

This action was taken to make proposed new hospitals in the State eligible for Federal funds under the pending Hill-Burton Hospital Construc-tion Bill, which would provide Federal funds for the preparation of a State inventory and survey of needed hospital construction and a share in the cost of construction of "public and other nonprofit hospitals" erected in accordance with any approved

State plan

"In order to be prepared for the eventuality of the passage of this bill I propose that steps be taken now to prepare a State hospital inventory and survey of needed hospital construction," said Governor Dewey "Our Postwar Public Works Planning Commission is already authorized and, in fact, is now engaged in the survey and planning of needed construction, particularly of a public character Accordingly, I have today designated the Postwar Planning Commission as the single State agency for surveys as required in Section 612 (a) (1) of the Hill-Burton bill.

"We are constantly confronted in regular administrative problems with the need for a joint hoard of State Commissioners to coordinate many activities in the field of health, medical care, and welfare This is particularly required in the case of the pres-

ent hospital inventory and survey

"For this purpose, I am, at this time also, setting up a Joint Hospital Board composed of the Commissioners of health, mental hygiene, and social

I am asking Assemblyman Lee Mailler, who is chairman of the State Health Preparedness Commission, to serve with the joint board as an adviser

"This Joint Hospital Board shall act for and with the Postwar Planning Commission in making the necessary inventory and survey of hospital facilities

in the State

Such experts as are needed to carry out this purpose shall he employed with funds furnished by

the Postwar Planning Commission

"The Joint Hospital Board shall also utilize personnel, records, and data of the three State depart-Where necessary ments represented on the board to invoke statutory powers in the prosecution of the survey, the Joint Hospital Board may act through any one of the three State departments having the

The State Advisory Council required in Section 612 (a) (2) of the Hill-Burton hill will be designated by the Joint Hospital Board As required in the hill, this council will be composed of "representations." tives of nongovernment organizations or groups, and of State agencies, concerned with the operation, construction, or utilization of hospitals."

Federal aid for hospital construction will be of particular importance to New York State, which plans to spend about \$120,000,000 from its postwar reconstruction funds on its mental hospitals

The survey ordered by Governor Dewey will go Several cities, into every county of the State among them Schenectady, are conducting campaigns at the present to raise funds for new nonprofit private hospitals

# Blue Cross Membership Increases

R ECORDS continue to be broken in the number of Americans joining voluntary nonprofit plans for prepaying hospital hills A total of 2,282,482 new members joined during the first six months' period of 1945 and thus exceeded by more than 500,-000 the previous record membership growth established during the corresponding period of 1944

This announcement was made on July 27 hy Dr C Rufus Rorem, director of the American Hospital Association's hospital service plan commission, who stated that the total Blue Cross membership in forty-three states, the District of Columbia, seven Canadian provinces, and Puerto Rico now numbers

18,800,000 Americans
Whereas a year ago, new members were enrolling nationally at the rate of approximately 12,000 per working day, the rate has now increased to almost 17,000 persons daily More workers and family dependents joined Blue Cross during the first six months of 1945 than joined during the entire year of 1942

Six states have passed the million membership ark New York State leads with over 3,000,000 mark Blue Cross memhers, Ohio, 2,160,000, Pennsylvania, 1,933,000, Michigan, 1,303,000, Illinois, 1,222,000, and Massachusetts, 1,202,000 Ohio, 2,160,000, Pennsyl-

A state-wide Blue Cross plan has just been approved for New Mexico, which leaves only Arkansas, Mississippi, South Caroline, Idaho, and Wyoming without a community and hospital-sponsored plan for removing the financial worry of hospitalized

illness or injury

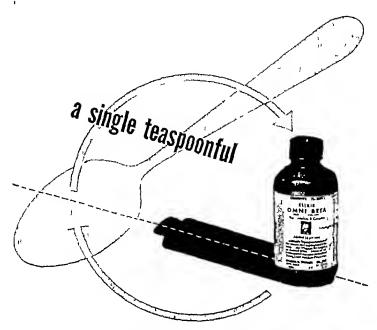
Doctor-bill prepayment plans sponsored by state and county medical societies and made available to the public through coordination with Blue Cross hospital service plans increased in number from 19 to 24 during the first six months of 1945 Memhership in these medical plans totals 1,800,000 Americans

# Improvements

Construction of the Rhoads General Hospital gymnasium was completed in July

Officials at the hospital said the expansion would increase the seating capacity of the auditorium, as the table tenns and billiard tables will be moved into the addition from the rear of the auditorium Plans for opening the gymnasium will be announced by hospital officials as soon as it is fully equipped \*

<sup>\*</sup> Asterisk indicates that item is from a local newspaper



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[Continued from page 1894]

### At the Helm

Former Municipal Court Justice C Ernest Smith was elected president of the board of trustees of Staten Island Hospital on July 10 at the hospital's annual meeting in its board room He succeeds Marvin L Williams, president for two years, with whom he served as vice-president

Others chosen were Andrew G Clauson, Jr, vice-president, John Kohout, treasurer, and Stuart H Richardson, secretary Richardson was re-elected Richardson, secretary

The board ratified the appointment as adjunct attending surgeons of Dr Frank Tellefsen, Dr. James Poulton, and Dr Peter Gatti '

Clarence C Peacock of Rome, was appointed business manager of the Rome and Murphy Memorial Hospital by the board of managers on July 9 The appointment became effective August 15

The board created the position on July 9 and the appointment was made subject to action of the Board of Estimate and Contract making available for the balance of this year the money necessary

to meet his salary \*

The Board of Directors of the Johnstown Hospital Corporation, meeting on July 10, elected Johnstown City Attorney Alfred D Dennison president of the organization.

The following other officers were named vice-president, John E Wells, secretary, Attorney Anson Getman, assistant secretary, Attorney Walter J Hogan, treasurer, Milton C Sutton, and assistant treasurer, William H Van Voast \*

Laurence G Magner, of Schenectady, has been chosen chairman of the campaign committee which will govern activities during the drive for funds for St Clare's Hospital.

Cochairmen of the drive are John English and

James E Cushing Allan P McKain of Schenectady, has been selected as treasurer of the committee

Seven medical officers, ten Army nurses, and one WAC officer have been added to the staff at Rhoads General Hospital, it was announced on July 5 by Col A J Canning, commanding officer

medical officers are
Capt John S O'Toole, Potsdam, who served in
the European Theater of Operations for more than two years, Capt. Maurice Jacobs, Glens Falls, who spent nearly three years in Australia, New Guinea, and the Philippines, Capt Thomas W Philadelphia, a veteran of more than three years service in New Caledonia, Woodlark Island, Finchhaven, and Luzon, and First Lt Francis J Baker, First Lt Edward J Brotmand, and First Lt Granville F Ashcraft, all of Los Angeles, and First Lt Robert L Buffum, Long Beach, California \*

Dr Homer D Kesten, for seventeen years assistant attending pathologist at Presbyterian Hospital, New York City, is now pathologist at White Plains Hospital, William G Illinger, administrator, announced on July 9

Dr Kesten has been an associate professor of pathology at the College of Physicians and Surgeons

since 1943, a post he will retain \*

Dr William Edward Youland, of New York, has been appointed full-time pathologist of the House of the Good Samaritan and the Mercy Hospital, in Watertown

He will fill the vacancy created by the resignation May 1 of Dr. Garner Scullard, now pathologist of the Warren City hospital, Warren, Ohio \*

Edward W Macy, general director of the Brooklyn Children's Aid Society, announced on July 1 the appointment of Dr Elizabeth James in charge of the medical program of the children in the care of the Department of Case Work Service

Dr James will have charge of examining the children who are to be placed in the Society's supervised foster homes, of the periodic examination of children in these homes, and of their general health care '

Dr Carolyn V. Brignola, of Troy, has been appointed Fellow in Medicine at the New York University division of Bellevue Hospital

Dr Brignola has been assistant resident in medicine at Bellevue and is a graduate of Albany Medi-

cal College \*

Dr Henry R. Muller, who for the last fifteen years has been director of laboratories at Doctors' Hospital, in New York City, has been appointed director of laboratories and pathologist at Vassar Brothers

Hospital and began his duties on July 16
Dr Muller succeeded Dr J Spottiswood Taylor, who resigned to return to Kingston, as head of the

Kingston Laboratory \*

Dr J Wilson Poucher, of Poughkeepsie, has submitted his resignation as a member of the Board of Visitors of the Hudson River State Hospital, at Poughkeepsie The resignation was given to Dr Frederick MacCurdy, director of the State Depart ment of Mental Hygiene It was effective August 1

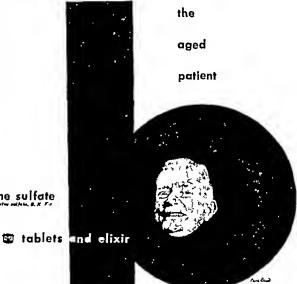
Dr Poucher, who has been a member of the Board of Visitors since 1917, submitted his resignation at a board meeting which Dr MacCurdy attended. He said that advancing age and ill health made it

impossible to continue to serve

Making known Dr Poucher's resignation, Joseph L Schwartz, board president, expressed his regret and said, "Dr Poucher has served faithfully and loyally on the board for many years He has been most cooperative and faithful in his attendance "\*



### when persistent depression settles upon



benzedrine sulfate

Old age sometimes brings a severe and lasting depression, marked by self-absorption, with drawal from former interests and loss of capacity for pleasure. This characteristic doreasion often aggravates underlying pathology by interfering with exercise, appetite and sleep.

Because of its power to restore mental alert ness and sest for living Benzedrine Sulfate is of special value in the management of depression and anhedonis in the aged. Obviously careful observation of the aged patient is de strable and the physician will distinguish between the casual case of low spirits and a true and prolonged mental depression The dosage should be adjusted to the individual case.

Smith Kline & French Laboratories, Phila., Pa

[Continued from page 1896]

Carl H Frink is slated for appointment to the board of managers of the Jefferson County Sanatorium, it became known on July 12

The resolution for his appointment was presented

to the Jefferson County board of supervisors at its regular meeting on August 6, that body having jurisdiction over the appointment of sanatorium board managers

Mr Frink's appointment will be to fill out the unexpired term of Urban C Hirschey, of Carthage \*

## Newsy Notes

The Cortlandt Board of Trustees agreed at their recent meeting to write the Veterans' Administration requesting that the word "Peckskill" be eliminated in designating the Crugers Hospital.

In a letter from Scnator Robert Mead and Frank J Hines of the Administration, the Board was informed that the Crugers Hospital, Peekskill, will be named "The Franklin Delano Roosevelt Hos-

pital "\*

The Beekman Hospital and the Downtown Hospital, in New York City, will seek approval of municipal and state authorities to consolidate, it was announced on July 11 in a joint statement from Elisha Walker, chairman of the board of Beekman Hospital, and Percy C Magnus, president of Downtown Hospital

The decision to merge was voted yesterday by the board of directors of the two hospitals merger is approved, it is planned to build a \$2,000,-000 hospital of two hundred beds at a central location in the downtown district. The new institution would be named the Beekman Downtown Hospital and would be the only hospital serving that portion

of Manhattan lying south of Canal Street The district to be served by the proposed new consolidated hospital has a resident population of 50,000 and a daytime population in excess of 1,000,-

Plans to convert Memorial Hospital for the Treatment of Cancer and Allied Diseases, in New York City, into the largest cancer center in the world, as part of an attempt to conquer all forms of the malady, were announced on July 22 by Reginald G

Coombe, president of the hospital. Mr Coombe said the millions of dollars needed for the project would be raised by a public appeal to be conducted soon. He explained that when the new center was completed it would have six hundred beds, would be international in scope, and would cover the block bounded by York and First Avenues

and 67th and 68th Streets

The program embraces the following coordinated projects Enlargement of existing laboratories and addition of new ones, establishment of a fund for four-year cancer fellowships, enlargement of the present hospital building to provide space for three hundred bcds, extension of facilities for treatment to the present Strang Cancer Prevention Clinic and integration with the center of the three-hundred-bed Dr James Ewing Hospital for Cancer, which the city has contracted to build on Memorial Hospital

grounds
"This program will enable Memorial Hospital to carry on its responsibilities as the leading cancer center of the world," Mr Coombe said "The whole plan is so integrated that we can carry on intense research and at the same time give patients

the benefit of the constantly increasing skill and knowledge this research should develop. By this method the percentage of cures throughout the nation may be increased and relief provided where at present a cure cannot be accomplished "\*

The Hospital for Joint Diseases, in New York City, last year gave 5,504 bed patients 106,925 days of care and treated 19,843 ambulatory patients who made 151,003 visits to climics Frederick Brown, president, reported on July 23 in the hospital's thirty-eighth annual report Of the total service, 65 per cent was free or only partly paid \*

Thirteen trustees were elected at the annual meeting of the Oswego Hospital Corporation held on

July 16

The following have been nominated to serve a Time 30, 1948 Mrs term of three years, expiring on June 30, 1948 Mrs
John S Parsons, William A Allen, Earl D Brown,
Daniel A Williams, Mrs F D Culkin, Alfred G
Tucker, Miss Anna Post, A. C Hall, Rev Jeremiah
J Davern, and Rev Charles E Mathews Robert
L Allison has been nominated to serve a term of two years, expiring on June 30, 1947, while W W Wright and Frank McDonough are nominees for a one-year term, expiring June 30, 1946

The nominating committee has also nominated the following officers for the ensuing year president, George M Penney, first vice-president, Daniel A. Williams, second vice-president, Mrs. John Jermyn Downey, secretary and treasurer, Chester

M Jermyn

In addition to electing thirteen new trustees, reports of the officers will be presented Penney's report will cover an active year, telling of the reorganization that has been made at the hospital, including the establishment of a medical staff that is now functioning under the direction of It will also tell of improve-Dr Grover C Elder ments that have been made, including new v-ray equipment costing more than \$10,000 \*

Consolidation of the New York Orthopaedic Dispensary and Hospital and the Columbia-Presbyterian Medical Center was announced on July 23 as legal papers were signed at a ccremony in the Hotel Waldorf-Astoria

Charles P Cooper, president of the board of managers of the Presbyterian Hospital, explained that the new corporation would be known as the Presbyterian Hospital in the City of New York

The present board of thirty-three managers of the Presbyterian Hospital will continue intact, and nine of the eighteen trustees of the Orthopaedic Hospital

[Continued on page 1900]



Zymenol is indicated in either the irritable instable or stagnant bowel because it is a natural approach to the two basic problems of Gastro-Intestinal Dysfunction,

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With conflest natural vitamin B complex\*

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\*7ymenoL contains Pure Aqueous
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### [Continued from page 1898]

will become active trustees with the board of man-The others will act as honorary trustees

The Orthopaedic Hospital will remain at its present site until the fifth floor of the Presbyterian and Babies Hospital, part of the medical center, has been cleared of seventy student nurses housed there The facilities of the Orthopaedic Hospital eventually will be transferred completely and the building will be sold.

The seventy student nurses will live in two additions to Maxwell House, now being built as part of the medical center's \$8,000,000-\$9,000,000 expansion program Mr Cooper estimated that the program would take two and one-half to three years to complete

The documents for the consolidation were signed

by Mr Cooper and John Sloane, vice-president of the Orthopaedic Hospital. Mr Cooper declared that the merger was a "very important move for both hospitals"

"For Presbyteman Hospital," he said, "it is important because we have never completely developed our orthopedic service, perhaps one of the

few things now lacking in our hospital."

Mr Sloane commented that "we are very pleased to become associated with the Presbyterian Hospital and feel that this close association with a great teaching hospital will serve the best interests of the public '

Dr Alan DeForest Smith, chief surgeon of the Orthopaedic Hospital, will head the staff in the new location He said the move would "make it possible for us to advance in orthopedic surgery and in the teaching of it "\*

### AMERICAN SOCIAL HYGIENE ASSOCIATION ISSUES ANNUAL REPORT FOR 1944

Progress made during 1944 in the nation's wartime campaign against the venereal diseases points to the "great promise of still more far-reaching achievements in the future," Dr Walter Clarke, executive director of the American Social Hygiene Association, declared in a statement accompanying the Association's annual report for 1944

'If we are to take full advantage of present opportunities for a continued forward march against these curable and preventable diseases," Dr Clarke said, "it is imperative that (1) federal aid to the states is not seriously reduced after the war, (2) public opinion is aroused and organized to support all measures essential to the program, including especially the unremitting enforcement of laws for the repression of commercialized prostitution, and social, educational, and religious activities in support of high standards of sex morals, and that (3) improved diagnostic, treatment, case-finding, and educational programs be provided in the civilian population in order that all infected persons may receive adequate diagnosis and treatment"

The American Social Hygiene Association carried on its activities on a national level under the terms of an official agreement linking its efforts with those of the Army, Navy, United States Public Health Service, and the Social Protection Division of the Federal Security Agency

In helping to hold the line against commercialized prostitution as a major source of infections, the Association made more than six hundred studies of conditions in the forty-eight states and the District of Columbia, the report reveals More than 10,000 of these prostitution surveys were distributed to Army, Navy, and other Federal and state agencies, as well as to voluntary groups concerned with pro-tective measures for servicemen and war industry workers

Several thousand community programs were initrated or furthered through the cooperation of affiliated social hygiene societies, national voluntary agencies, state and local health and law enforcement authorities, social protection committees, parent-teacher associations, chambers of commerce, lodges, and other civic organizations interested in a broad Large quantities of edusocial hygiene program cational materials on the venereal diseases were supplied to the Army and Navy

Through joint management-labor efforts, educational work in war industries was intensified cial articles on venereal diseases appeared in more than one hundred trade-union newspapers and em-

ployee house organs

The annual report hails continued advances in methods of treating syphilis and gonorrhea as a most promising development. In regard to social hygiene legislation, at the request of interested groups in many states, the Association advised in the preparation of measures to be brought before state legislatures

At the end of 1944, the report says, thirty states had laws requiring doctors to give blood tests for syphilis to expectant mothers, and an equal number of states had laws requiring every applicant for a marriage license to have a bloood test for

syphilis "

### ANECDOTA MEDICA

Patient I'm sorry, doctor, I have such a bad cold that I can't get in to the office to keep my appointment with you today
Doctor Oh, that's all right What are you doing

for your cold?

Patient I'm using Kleenex It's the only thing that seems to do any good -J T, in JAMA, June 9, 1945

# ANTIMALARIAL REQUIREMENTS OF DISCHARGED VETERANS

Everywhere in the United States

Veterans who have been in a molorious region are advised by the medical officers of aur Armod Forces to continue taking Atobrino dihydrochlorido in suppressive doses (1 tablet of 0.1 Gm daily) for at least four weeks after the last possible exposure.

If they develop a relapse of maloria, Atobrine dihydrochloride is administered in therapeutic doses (2 tablets overy six hours for 5 doses; followed by 1 tablet 3 times daily for six days) Suppressive medication is then continued for three months

ILLUSTRATED BOOKLET CONTAINING MORE DETAILED INFORMATION SENT ON REQUEST

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# Health News

# Army Hospitals Put Amputation Cases at 11,000

The War Department has revealed that on May 1, eight days before the European war ended, 7,000 amputation cases were in Army hospitals in this country and 4,000 had been discharged and returned to civilian life

Maj Gen Norman T Kirk, surgeon general, said none of them are so-called "basket cases," where all four limbs are completely lost However, he acknowledged that one man—a nonbattle casualty—lost parts of both legs and both arms as a

result of freezing after an airplane crash

Only six veterans have suffered the loss of three limbs, General Kirk reported Approximately 5 per cent of the amputation cases have lost more than one limb, and about three-fourths of these 500-odd cases are soldiers who lost both legs About half of these are losses below the knee Half of the arm cases are above the elbow

General Kirk said that the average soldier who has suffered the loss of a limb soon learns that such an injury does not prevent him from resuming a "self-respecting, useful role in society". Some of these soldiers, who were given the choice, wanted to remain in the service and have been assigned to assist

in the training of other amputees

General Kirk declared that the Army does "everything possible" for these soldiers in the way of helping them make their readjustment. Films are shown to give these men a glimpse of the future that is in store for them. One of these, called "Swing Into Step," is an encouraging portrayal of how the Army's program cares for a man and trains him until he is ready to resume a normal life.

It is not unusual for men with the loss of two arms or both legs to drive an automobile, ride horseback, use a typewriter, eat and dress without help, dance, and in general do almost everything they formerly

did, General Kirk said

# Director of UNRRA Attends Meeting in London

Dr Wilbur A Sawyer attended the Third Council Meeting of the United Nations Relief and Rehabilitation Administration held in London on August 7 Dr Sawyer was appointed director of UNR R.A.'s Health Division in April 1944

UNRR.A's Health Division in April, 1944
"The major problem facing the representatives of the United Nations at the UNRR.A Council this August will be to find ways and means for relieving the acute suffering, starvation, and hardship in the liberated countries during what is expected to be the worst winter of modern times," said Dr

Sawyer

UN R.R.A.'s responsibility in the field of international health work includes control of epidemics, assistance to the liberated nations in reestablishing their own health services, and provision of needed medical supplies. Included in the 1,200,000 long tons of food, clothing, and other goods shipped by UN R.R.A to the liberated nations are 3,000 tons of medical supplies. Dr Sawyer stated that at least three times that amount has been scheduled for shipment during the remaining months of 1945.

### New Vitamin A Is Discovered after Three Years of Research

Discovery of a new vitamin A, described as a "twin" of the well-known vitamin A, which maintains luster in the human eye and helps fight infection, was announced on May 23 before the Rochester section of the American Chemical Society by James G Baxter and Charles D Robeson, research chemists of Distillation Products, Inc., of Rochester The new vitamin, called gadol to differentiate it

The new vitamin, called gadol to differentiate it from alpha gadol, the name for vitamin A, until a formal name is given it, is immediately important, Mr Baxter said, because it speeds the process of assaying vitamin A. Only further research can

determine its specialized uses

The new vitamin is found, like the original vitamin A and the varieties A-1 and A-2, in fish-liver oils and green plants. Vitamin A sometimes is called the antiverophthalmie vitamin because its presence in the diet prevents xerophthalmia, a dry condition of the eyes. The fish oils are presenbed generally for growing babies because in their pure state they also contain vitamin D, a rickets preventive.

To find whether vitamin A is present in fish or vegetable oil, Mr Baxter explained, two tests are given. One, called the optical method, measures within a few minutes the substance on a spectrometer. The other is a test of its biologic potency and involves feeding samples of the oil to laboratory animals, such as rats, for as long as three months.

The new vitamin A, Mr Baxter said, has substantially the same "extinction coefficient" as the

older vitamin A on the spectrometer

Quantities of the new vitamin, will be made available to other vitamin research laboratories. The isolation of the new vitamin took three years, Mr. Baxter said.

## Safeguards for Foreign Disease Adequate

Less evotic disease has been introduced into the United States by returning soldiers than medical officers anticipated, and, though safeguards now in effect should be continued, no new steps are necessary. This was the consensus of the Interservice Committee of the Army and Navy medical departments and Public Health Service, which met to discuss the subject on June 8. The Surgeon General was represented at this meeting by Lt Col Francis R. Dicuaide, Chief of the Tropical Disease Treatment Branch, Medical Consultants Division.

### Sulfa in Wounds Discontinued

The Army's accumulated experience in wound management does not justify the local use of any chemical agent in a wound as an antibacterial agent, according to the Office of the Surgeon General The local use of crystalline sulfonamides (sulfa powder) has therefore been discontinued except in the case of serious cavities, where its use, while permissible under the direction of the surgeon, is not recommended This subject is covered by War Department Circular No 160 as amended by W D Circular No 176, 1945

[Continued on page 1904]

# "Where is the Dust That Has Not Been Alive?"

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Tyrothricin the antibiotic which kills-strains of grampositive organisms encountered in skin infections and chronic suppurative processes

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BACTRATYCIN is effective in impeligo pustular der matrils infective dermatrits, indolent ulcers chronic abscesses and related lesions either caused or compil cated by strains of streptococcl staphylococci pneumocacci and similar gram positive arganisms.

Apply BACTRATYCIN liberally to Infected areas, in extensive leains effectiveness is enhanced by placing a water proof covering (cellophane waxed paper etc.) over the alatment before a dressing is applied

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Antibiotic Ointment

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### **TYROTHRICIN**

Literature to physicians on request

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NEW BRUNSWICK

NEW JERSEY



[Continued from page 1902]

# New Drug Is Used to Treat Typhoid

Streptomycin, the germ-killing qualities of which nere revealed only a year ago, has been used successfully in the treatment of typhoid fever, a disease for which to date there has been no known positive cure, it was disclosed in a recent issue of the Journal of the American Medical Association

Of five persons treated who had been infected with typhoid through a germ carrier reportedly stemming from a bakery, three were completely cured, and in the 2 other cases the authors suggested that certain human body substances were present that inhibited the influence of the strepto-

These new experiments with streptomycin, which indicate its effectiveness in combating gram-negative bacteria, against which penicillin has been used without success, were conducted in December, 1944, by three Philadelphians Their studies are the first publicly reported successful experiments in

treating typhoid with streptomy cin
The scientists are Dr Hobart A Reimann, of the Jefferson Medical College and Hospital, directed the clinical studies, assisted by Dr Alison H Price, of the same institution, and Dr William F Elias, of the Wyeth Institute of Applied Biochemistry, who handled the laboratory tests

While purely in the experimental stage, streptomycin was nevertheless said to present the first good approach to a cure for typhoid, which scientists have sought for ages, but thus far they have developed only a conservative fever treatment

The experiments also indicated a probable superionty of streptomycin, originally discovered by Dr Selman A. Waksman, of Rutgers University, over penicillin in the long-range treatment of such diseases as tuberculosis. With few exceptions, penicillin has proved of little value in the treatment of these diseases

In the Philadelphia experiments, the 5 patients were treated over a period of one to two weeks each and received daily dosages of streptomycin

They were treated with streptomycin orally as well as intravenously and intramuscularly, the oral treatment alone was ineffective. The report sugtreatment alone was ineffective. The report suggested, however, that oral treatment with streptomycin in typhoid areas might prove useful in preventing the disease in the same manner that atabrine 18 successful in preventing malaria

Streptomycin is available in limited quantities and is provided for experimental uses only It was described by one scientist not connected with the Philadelphia experiments as in approximately the same stage of development for general public use as

penicilin was two years ago

The drug has been used successfully in the treatment of tuberculosis in guinea pigs in experiments at the Mayo Chinic by Drs W H Feldman and

H C Hinshaw

### Find Red Blood Cells Can Be Kept Longer in Corn Syrup Solution

A wider use in the transfusion of type-O blood cells, which are left after plasma is removed from whole blood, is now possible through the discovery that a 10 per cent solution of corn syrup in distilled water serves as a better medium for preservation of these cells than any other solutions so far tried, according to a report of two Red Cross doctors in the April 28 issue of the Journal of the American

Medical Association The physicians are William Thalhimer, MD, associate technical director, Blood Donor Service, American Red Cross, New York, and Maj Earl S Taylor, (MC), AUS, technical director, Blood Donor Service, American Red Cross

These red blood cells, which can be used in transfusions of the wounded in battle without the necessity of determining the patient's blood type, are obtamable in huge amounts by centrifuge in the preparation of blood plasma from the many hospital blood banks and the extensive American Red Cross blood procurement program for the armed forces While it is recognized that the transfusion of red blood cells serves as well as whole blood for many patients, the main problem has been, they say, "to find a solution for resuspension which will preserve the cells for a long enough time to make their use practical.

This report is based on 761 transfusions of centrifuged type-O cells resuspended and stored in 10 per cent corn syrup up to sixty days and administered to 437 patients, many of whom received repeated transfusions, some daily and some several times a

It was found that 10 per cent corn syrup in distilled water successfully preserved the cells for as long as sixty days Solutions of sodium chloride containing the proper percentage of salts to keep the red blood cells unaltered has been used extensively but is far from ideal, the authors say, "in that it is necessary to administer the saline-suspended cells not later than five days after the blood is obtained from the donor

"The clinical improvement has been what could be expected from the administration of the same amounts of whole blood of the same age, and the same increase in the patients' total red blood cell count and nonagglutinable (transfused type-O cells) Careful observation rered blood cells occurred vealed no unusual or deleterious effects, a low feverchill reaction rate, and the absence of hemoglobinemia, hemoglobinuria, or jaundice in any of the patients

# New Type of Operation Saves Lives of Three "Blue" Babies

A new type of operation, apparently the first of its kind in medical history, has saved the lives of three "blue" babies, according to a report in the May 19 issue of the Journal of the American Medical Associa-tion Heretofore, a "blue" baby with heart disease present at birth was considered beyond the reach of surgical aid

Alfred Blalock, M.D., professor and director of surgery, and Helen B Taussig, M.D., associate in pediatrics, both of Johns Hopkins Hospital, term the operations "sufficiently encouraging to warrant an

early report "

"During the past three months," the doctors wrote in the Journal, "we have operated on 3 and each appears to be greatly benechildren fited "

In "blue" babies, a malformed heart causes insufficient oxygen in the blood, resulting in a bluish color to the lips and skin This deficiency is due to the failure of the blood to obtain adequate oxygen as it flows through the lungs

The operations were undertaken, the two physicians said, "with the conviction that even though the structure of the heart was grossly abnormal, in

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\*Laryagescape Feb 1935 Vol. XLV, No 2 149 154 Laryagescape Len. 1937 Vol. XLVII No. 1 58-60 Proc Sec Exp. Biol and Med., 1934, 32, 241 N. Y. State Journ. Med., Vol. 35, 6, 1, 37, No., 11, 590-592

TO THE DOCTOR WHO SMOKES A PIPE We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Phillip Morris Cigarettes.

[Continued from page 1904]

many instances it might be possible to alter the course of the circulation in such a manner as to lessen the cyanosis and the resultant disability"

The operation is performed by entering the chest One of the pulmonary arteries is joined to a large artery leading away from the heart greater pressure in this blood vessel forces the blood to flow into the pulmonary artery and on through the lung In all 3 cases, the pulmonary artery was too small to allow adequate amounts of blood to get through to the lung Although the three opera-tions differed in some details, in each instance the surgery greatly increased the volume of blood which reached the lungs, and hence the amount of blood which received oxygen.

The doctors state that the operation is indicated only when there is chincal and x-ray evidence of a

decrease in the flow of blood to the lungs

The first operation was performed on a baby girl, who was too small and weak to permit laboratory studies She couldn't sit alone, she refused feedings, and she had lost weight After surgery, her improvement was regarded as "remarkable" by the doctors Her appetite improved, she gained weight, and is now learning to walk

The second patient, a 9-year-old girl, was so severely incapacitated that she could not walk 30 feet without panting. Two and a half weeks after the operation, she walked 60 feet, rested a short time, and walked another 60 feet back to her room

The third operation was performed on a 7-yearold boy Before surgery, his lips were a dark purple and the child was unable to take even a few steps "The day after the operation," the doctors said, "he lay in an oxygen tent with cherry-red lips When taken out of the tent his color remained good. His disposition changed from that of a miserable whining child to a happy smiling boy slow to permit him to walk because of a persistent low-grade fever, but at the end of the third post-operative week, he could walk 40 feet without panting He was then allowed to be up for several hours each day and has walked and played in his room '

### Leprosy Seen as Threat to G I 's Overseas

Five hundred to five thousand returning servicemen will develop leprosy during the next ten to thirty years, Dr Eugene R Kellersberger, general secretary of the American Mission to Lepers, estimated in May at a luncheon for members of the mission at the Gramercy Park Hotel, New York "A certain number of servicemen will come back with leprosy, but there is no sense being alarmist about it," he said "There won't be many"

After the luncheon, however, Dr Kellersberger, who was a medical missionary for twenty years and formerly director of a leper colony at Bibanga in the Belgian Congo, pointed out that the one leprosy center in the United States, at Carville, Louisiana, has a capacity of 500 patients there, he said At present there are 380

"There are 5,000,000 members of our troops working in tropical areas," Dr Kellersberger said, "and while leprosy is found all over the world it is most prevalent in tropical areas" He mentioned Africa, India, East Indies, the Philippines, and the southwest Pacific

The southwest Pacific, he said, "is the greatest area where leprosy is endemic and where men are exposed the longest, and it is found on every island in the southwest Pacific"

Leprosy is so conspicuous in the tropics, he explained, because of the great degree of poverty and poor living conditions in those areas, with their overerowded quarters, lack of sanitation, and ignorance Lake tuberculosis, leprosy is not an inherited disease and is most prevalent among children and adolescents between the ages of 5 to 15 years Education and improved living conditions are the main means of combating the disease, he said

However, leprosy is not confined to remote places Dr Kellersberger estimated that there are 3,000 to 5,000 cases of leprosy in the United States, with a concentration in big cities and in the South He said there are 48 cases in New York today, and

maybe even more

"We ought to disabuse the fantastic idea people have about leprosy," he said "We must educate them mostly about what it is not It is one of the least contagious diseases in the world and under proper conditions self-curing But we will never get rid of it," he added, "unless we put it out in the

open."

Under the national chairmanship of Luther H Hodges, vice-president of Marshall Field and Company, and the city-wide chairmanship of J Elmer Hahn, the American Mission to Lepers is engaged in a campaign to raise \$500,000 for a postwar antileprosy campaign It is hoped that New York will contribute one half of this nation-wide quota

## UNRRA Helps Check Malaria and Tuberculosis in Italy

Dr Dudley A Reckie, of Minneapolis, Minnesota, on leave from the United States Public Health Service to work with the United Nations Relief and Rehabilitation Administration, and now Commanding Medical Officer of the UNRRA Mission in Italy, reports that tuberculosis and malaria are being brought under control by projects carried forward in cooperation with the Italian government

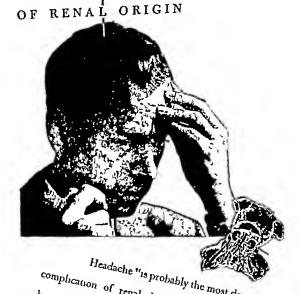
The effect of the war has been to increase sharply the incidence of both diseases. The flooding and mining of the Anopheles-breeding Pontine marshes by the Nazis during the occupation brought about renewed outbreaks of malaria, tuberculosis is being spread by returning Italian nationals who beeame infected in Germany A preliminary survey to discover the incidence of malaria in the Pontine area carried out this spring at Fondi in the province of Latinia showed that 100 per cent of the population living in that section were infected

Flooding and mining of the area is slowing down the work of malaria prevention. However, for the control of the adult malaria-carrying mosquito UNRRA has shipped 45,000 square feet of window screening, presently being distributed to the people Enough D D T oil solution to spray 1,200 houses in the most heavily mined or flooded UNRRA districts has been made available will also provide trucks, bicycles, and funds for the necessary labor of cleaning ditches and spraying

chemicals

The malaria control project is under the direction of Lt Col Vincent B Lamoures, an epidemic control engineer, who is chief consultant with the UN.R.R.A. staff in Italy Plans are now in progress. to send units of Italian engineers into other parts of the country to supervise malaria control work throughout the malaria season. This work is supplementary to the malaria programs of the Military Command and the Italian government.

HEAD'ACHE OF RENAL ORIGIN



Headache "is probably the most dramanc complication of renal disease" Associated with hypertension, it is "frequently intense, sharply local- $^{12}$ ed with definite onset and culmination, and strongly suggestive of localized cortical vascular spasm \*\*\*

McDonald, R. H., (Hendsches of senal origin); M Clin, N. Am. 21, 363 (March) 1940

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### [Continued from page 1906]

The spread of tuberculosis has been aggravated by the thousands of Italian refugees returning to their homes, a very considerable portion of whom are known to be tubercular One of the major problems is to set up machinery for the diagnosis of individual cases, to isolate the patients, and to get effective treatment started before the advent of winter, which, because of threatened lack of food, fuel, and shelter, it is feared may be the most severe in modern history The Italian government became alarmed early in May when it learned that 75,000 refugees had escaped from German camps and were making the rough trek on foot through the snowy alps Many of these refugees were reported to be in a tubercular condition X-ray teams were rushed to Florence to begin examinations in the refugee camps established by the allied commission and the Italian government in Grossetto, Siena, Arezzo, the republic of San Marino, and at Varese near Lake Como at the Swiss border During the period of During the period of Nazi domination thousands of Italian workers in the German war plants were "repatriated" because they had developed tuberculosis Their presence has served to spread the disease among the civilian population.

A program of tuberculosis examinations for all university students in Rome and Naples has been arranged by the UNRRA Mission in Italy in conjunction with the Italian government and interested relief organizations. The universities will supply the machines, and UNRRA will provide the film and personnel to organize the work

Tuberculosis examinations are now a part of the health surveys at Fondi in Latinia by the Unitarian-Congregational Medical Nutrition Mission attached to U.N.R.R.A. For this purpose U.N.R.R.A has shipped photofluorograph equipment to Fondi and an excellent beginning is reported with 300 people being examined daily. One such survey near Rome in which 2,000 mothers and children were examined showed that the Italians were worse off than the United Nations nationals, x-rayed in the refugee camps. Results of the health surveys emphasize the importance and urgency of the child-feeding program, especially for tubercular and pretubercular children.

Col. Ernest L Stebbins, Health Commissioner for the City of New York, and Dr Elmer Severinghaus, professor of medicine at the University of Wisconsin, both staff members of the Unitarian-Congregational Medical Nutrition Mission, are in Italy on special leave to work with UNR.R A on this program

## Red Cross Announces Civilian Blood Donor Recruiting Program

American Red Cross chapters throughout the nation will be permitted to recruit blood donors for civilians under a program announced by National Chairman Basil O'Connor Under this project any Red Cross chapter may take part in the operation of a donor center for civilians sponsored by a recognized medical or health agency The blood collected and the blood derivatives produced will be made available without cost to physicians, hospitals, clinics, and patients

This civilian program is entirely separate from the Blood Donor Service operated by the American Red Cross for the armed forces, Mr O'Connor said, and chapters in the eleven metropolitan centers where the Red Cross is now recruiting donors for the Army and Navy will not participate in it. These are Los Angeles, San Francisco, Oakland, Portland, Oregon, San Diego, Chicago, New York, Brooklyn, Boston, Philadelphia, and Washington. The formal announcement of the new program stated in part "The need for provision of blood

The formal announcement of the new program stated in part "The need for provision of blood and such derivatives as blood plasma and immune (measles) globulin in amounts sufficient to meet civilian needs is very real and great. Their unique and vital place in medical practice, so strongly emphasized by the war, is becoming widely recognized by medical and health agencies throughout the country, and many of these agencies already have developed or are planning programs to insure the provision of blood and its derivatives to meet civilian needs. The American Red Cross is now preparing to help its chapters to assist in this essential service"

# Outpatient Treatment to Be Available to Veterans

Outpatient treatment of veterans with serviceconnected disabilities in thirty-one mental hygiene clinics and intensive treatment courses in nineteen neurosis centers connected with general medical and surgical hospitals were authorized on July 29 by Brig Gen Frank T Hines, then Administrator of Veterans' Affairs

Designed to provide facilities for treating the rapidly expanding numbers of veterans suffering from psychoneurosis, the clinics will make treatment readily available to veterans disabled in service who are in need of reorientation and will aid the veteran in returning to normal life and a gainful occupation

in the shortest time possible

Outpatient clinics will be located, General Hines said, at the following hospitals or regional offices Boston, Hartford, Connecticut, New Orleans, Cleveland, New York City, Pittsburgh, Providence, St Louis, Washington, DC, Louisville, Minneapolis, San Francisco, Atlanta, Cincinnati, Dearborn, Michigan, Indianapolis, Newark, New Jersey, Milwaukee, Denver, Jackson, Mississippi, Seattle, Huntington, West Virginia, Bay Pines, Florida, Columbia, South Carolina, Des Moines, Iowa, Omaha, Memphis, and Batavia, New York, though this clinic may be in either Syracuse or Buffalo

Neurosis centers will be located at Aspinwall (Pittsburgh), Atlanta, Batavia, Bay Pines, Brecksville (Cleveland), Bronx (New York City), Des Momes, Ft Howard, Maryland, Hines (Chicago), Huntington, Indianapolis, Jefferson Barracks (St Louis), Kecoughtan, Virginia, Portland, Oregon, Minneapolis, San Francisco, West Roxbury (Boston), and Wood (Milwaukee)

Each of the clinics and neurosis centers will be staffed by a charf asymptotic and acceptant prophla-

Each of the clinics and neurosis centers will be staffed by a chief psychiatrist and assistant psychiatrists, psychologists, and psychiatric social workers. The staffs will be trained in the newest dynamic methods of treatment, and will operate on the pattern set by the Los Angeles Mental Hygiene Clinic of the Veterans Administration, which is obtaining excellent results in this field of psychiatry

Each outpatient clinic will be fully equipped for diagnosis and treatment, with facilities on hand for

x-ray and clinical laboratory examination

The neurosis centers will be equipped for intensive therapy of the severe neuropsychiatric patient and will have available equipment for therapy embracing psychotherapy both for the individual and group and

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### [Continued from page 1908]

narcoanalysis and hypnotism for the purpose of exploring the subconscious in the same manner used in Army and Army Air Forces hospitals abroad.

In both types of clinic, occupational therapy, psychotherapy, recreational therapy, and social services, all nimed at an early re-establishment of the veteran in his home community, will be provided An innovation in this form of treatment will be the operation of the clinics both during the day and evening

In addition to the full-time staff, outstanding psychiatrists in each locality are being sought on a fee basis to devote part of their time to the mental hygiene clinics and to serve as consultants clinics and neurosis centers will be placed in operation just as rapidly as qualified personnel can bo obtained Some psychiatrists and other personnel have been attending training courses in the Army's Mason General Hospital on Long Island, New York, and other personnel is being sought by the Veterans Administration through recruitment

The Veterans Administration, early in the war, foresaw the needs of the psychoneurotic veteran and several months ago sought contracts for the services of existing mental hygiene clinics, but has encountered some difficulty along this line, because of the shortage of trained personnel and the heavy civilian patient load on these clinics Contract clinics in Louisville, Kentucky, and Toledo, Ohio, are giving outpatient service to veterans. Four other contracts, two in New Jersey, one in San Francisco, and one in New York, involving fifteen clinics, are nearing completion

While staffs of all Veterans Administration hospitals are depleted as a result of war conditions, it is believed that establishment of the outpatient chines will materially reduce the load on existing neuropsychiatric hospitals, which with new construction will adequately serve to care for all psychotic veterans. Authorities have estimated that 10 per cent of all returning veterans will need some form of reorientation, but they believe the vast majority will work out their own problems as soon as they re-

turn to work in their own communities

## Dr Zentmayer Awarded Leslie Dana Medal

The Leslie Dana Gold Medal, awarded annually for outstanding achievements in the prevention of blindness and the conservation of vision, will be presented this year to Dr Wilham Zentmayer, of Philadelphia, it has been announced by the National Society for the Prevention of Blindness

Dr Zentmayer was selected for this honor by the St Louis Society for the Blind, through which the medal is offered by Mr Leshe Dana, of St Louis This highly prized token of recognition in the field of public health is given upon the recommendation of the Association for Research in Ophthalmology

Despite his 80 years, Dr Zentmayer is in active practice as an ophthalmologist. He is professor ementus of diseases of the eye, Graduate School of Medicine, University of Pennsylvania, and consulting surgeon to Wills (Eye) Hospital, St Mary's Hospital, and Glen Mills School, all in Philadelphia He received his M D degree from the University of Pennsylvania School of Medicine in 1886

Dr Zentmayer is a member of numerous medical, public health, and other scientific organizations He has served as president of the Amorican Ophthalmological Society, chairman of the Section on Ophthalmology, American Medical Association, chairman of the Section on Ophthalmology, College of Physicians of Philadelphia, editor of the Transactions of the College of Physicians of Philadelphia, associate editor, Archives of Ophthalmology, and chairman of the Section on Eye, Ear, Nose and Throat, Medical Society of the State of Pennsyl-

He is also a member of the Board of Directors of the National Society for the Prevention of Blind-

The conditions of the Leslie Dana Gold Medal award set forth that it is to be made for "long meritorious service in the conservation of vision in the prevention and cure of diseases dangerous to eyesight, research and instruction in ophthalmology and allied subjects, social service for the control of eye diseases, and special discoveries in the domain of general science or medicine of exceptional im-portance in conservation of vision"

### ANTIBLEEDING MATERIAL

A new antibleeding material which may be useful in shock, in hemophilia, and to stop bleeding during surgical operations is announced by Dr Alfred Lewin Copley, of the University of Virginia School of Medicine (Science, April 27)

Before it can be tried in patients with hemophilia, the hereditary bleeders' disease, "extensive studies will have to be conducted," Dr Copley states

In the test tube, a small amount of the material rapidly clots hemophilic blood. It also almost instently stops blocking forms.

stantly stops bleeding from cut surfaces, it was found during operations on animals

This antibleeding material was obtained from blood plasma and also from human placentas placenta, sometimes called the afterbirth, is the maternal organ from which the unborn child obtains its nourishment A single placenta yields a largo amount of the antibleeding substance The latter is called thromboplastin because it acts, along with

calcium, on the prothrombin of the blood to convert it into thrombin It is thrombin which converts fibringen into fibrin to form the clot when blood is

The possible antishock usefulness of the antibleeding material was discovered when it was used successfully to treat six dogs suffering from peptone shock. This suggests that it may be useful in treating anaphylactic shock, the kind that sometimes comes following injections of horse serum containing In this part of the study the thromboplastic substance was used in the form of a protein compound although a protein-free material was also obtained

Other scientists have previously reported extracts from human placentas with some dogree of antibleeding material, and a more active substance was also obtained from pig's lungs — Science News Letter, May 5, 1946

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The New York State Journal of Medicine asks its contributors to follow the suggestions listed below in the preparation of their articles. In this way they will greatly facilitate the expeditious publication of the Journal. These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof

Size of Articles —It is earnestly desired that scientific articles shall not exceed 6 Journal pages at the outside Longer articles tend to lower reader interest. An average of five or six seems to be the most desirable from this point of view. Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e.g., twelve manuscript pages will make five Journal pages.

Manuscripts—Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins. They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin. This is imperative for rapid

and accurate composition by the printers

Titles—The title should be brief and typed in capital letters. The subtitle can be longer and should be typed in caps and lower case letters. Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives. Directly under his name should be the hospital or institution with which he is affiliated.

Subheadings —Subheadings should be inserted by the author at appropriate intervals

References.—It is the unfailing practice of the New York State Journal of Medicine to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference. A list, consecutively numbered, of these references should follow at the end of the manuscript. (Note that spelling in list is same as in text.) The arrangement should be as follows and should include all items.

a Books—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed, Philadelphia, Lea & Febiger, 1927, vol 5, p 57

b Periodicals—author's surname followed by

initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

NOTE The JOURNAL does not include titles of nrticles

Case Reports —Instead of abstracts of hospital lustories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables — While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be reduced as much as possible to descriptive language.

Illustrations —These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space

and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black. India ink on white paper Do not use typewriter for lettering. The smallest lettering on 8 × 10 inche copy should be no less than ½ inch high. Cross section paper (white with black lines) may be used, but should not have more than 4 lines per inch. If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions. In the case of finely ruled paper, only blue-lined paper can be accepted. Lettering and all markings must be large enough to be readable after reduction. Mail rolled or flat, never fold Photographs should be very distinct and show clear black and white contrasts. They must be on glossy white paper. Avoid round and oval photographs

Whenever possible "crop" photographs, 1e, mark portion that can be excluded when reproduced Crop marks should be on margin of photographs

Do not run pencil lines through photographs

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig 1, 2, and the name and address of the author

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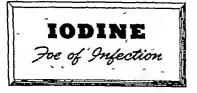
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-Brit M J April 21, 1945

<sup>1</sup> British Medical Journal 1 145 (1941) <sup>2</sup> British Medical Journal 2 268 (1944)

appears after treatment has stopped

\* Nature 155 201 (1945)

carrier presents a more difficult problem the organisms are more deeply situated when the tonsil is involved, and the frequent swallowing of secretion prevents the long-continued action which can be secured by applying a powder to the nasal mucosa All that we know about the sulfonamide effect on bacteria points to the necessity for continuous and prolonged action, and the throat is one of the most unpromising areas in the whole body for securing Nevertheless, attempts have been made to eradicate hemolytic streptococci from the throat, or at least to prevent their access to it, by the use of sulfonamide lozenges, and opinion on the efficacy of this proceeding has been divided The sceptics will find strong support for their attitude in the observations reported by Vollum and Wilson in the opening paper of this issue Opportunities for a controlled trial of the method were presented by outbreaks of hemolytic streptococcal infection involving a large proportion of the population of two schools All the carriers having been identified, some of them were given lozenges containing sulfapyridine and sulfathiazole to suck, while the remainder were The treatment treated in other ways or not at all was continued for from five to seven days in two series with 6 and in one with 12 lozenges daily, containing one half grain of each drug Not only was there no effect on existing carriers, but 7 boys out of 24 so treated in order to prevent their acquiring the infection became carriers during the period of treat-Although the total numbers concerned are not large, this study was so carefully controlled in every way that its conclusions must be accepted. Sulfonamide lozenge therapy at least with these

drugs in the doses used is evidently useless

dose given was presumably too small to produce a systemic effect and a distinction should perhaps be

drawn between this proceeding and the administration in ordinary tablet form of 1 Gm or more daily

for prophylactic purposes Much evidence has now accumulated that this serves to prevent relapses in

rheumatic fever and recent observations on a very large scale in American naval personnel support the conclusion that doses of this order afford some pro-

easier to curb the more violent activities of the

hemolytic streptococcus than to prevent it altogether from establishing itself in the throat similar study to that now described by Vollum and Wilson but conducted with penicillin pastilles as recommended by MacGregor and Long 2 would be

of great interest Penicillin is a far more potent agent than sulfonamides, indeed according to

recent observations by the same authors 3 it exerts an astomshingly rapid bactericidal action in the

cillin pastille treatment will alleviate acute streptococcal throat infection and eliminate the organism

itself although in chronic tonsillar carriers it re-

use of these pastilles will succeed where sulfonamide lozenges have failed remains to be discovered

They obtained some evidence that pem-

tection against acute infections

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### SOCIETY FOR PREVENTION OF BLINDNESS ISSUES ANNUAL REPORT

Steady progress in the organized campaign for protection of ovesight in America during the past three decades is reflected in the thirtieth annual report of the National Society for the Prevention of Blindness made public in April by Mrs Eleanor

Brown Merrill, executive director
Among the Society's principal notivities were the conservation of eyesuant in industry, control of plaucoma a disease which frequently leads to blundness, and promotion of special classes and facilities for the education of children with scrously

defective vision

The outstanding development in conservation of eyesight in industry, the report says is the Society's participation in the War Production Board's drive to speed up production through improvement of visual conditions in war industries. Cooperating in this program are the U.S. Public Health Service the War Manpower Commission and the US Department of Labor

A study of conditions in one hundred and fifty plants employing more than 400 000 workers, disclosed the following facts only 61 per cent make the proplacement vision tests necessary for correct job assignment, more than 75 per cent of the plants where tests are made fail to liave the testing done under the direction of an eye specialist more than 85 per cent of the plants fail to recleck vision of all employees periodically more than 80 per cent make no recheek of vision of workers exposed to special hazards. 92 per cent fail to recheck vision of cm

ployees with poor production records 83 per cent do not recheck vision of workers involved in accudents and 73 per cent make no rechecks where the original vision test disclosed need of follow-up

Discussing vocational robabilitation, the report asks "If it is possible in time to utilizes of war, defective eyesight with the aid of corrective work goggles proper lighting, and other mechanical improvements why could not these principles be applied to the postwar program of providing useful work for the returning visually handicapped serviceman as well as for civilians who hitherto had not been able to realise fully their capacity for gainful employment?"

In a preface entitled "Looking Ahead," Mason H Bigolow, president, says "Since the founding of the Society thirty) cars ago the number of children in schools for the blind who lost their sight because of ophthalma nematorum has been reduced by 75 per cent, the number of sight-saving classes for school children with seriously defective vision has grown to 618, and programs in industrial safety lave multiplied and improved notably "

As part of its program of public health education during 1944 the Society sponsored three hundred and fifty broadcasts by radio stations throughout the country produced a documentary film "Eyes for Tomorrow" which was shown approximately sur hundred times in more than twenty states, distributed more than a quarter of a million pamphlets, and utilized various other channels for reaching the public, such as newspapers, magazines, and meetioes.

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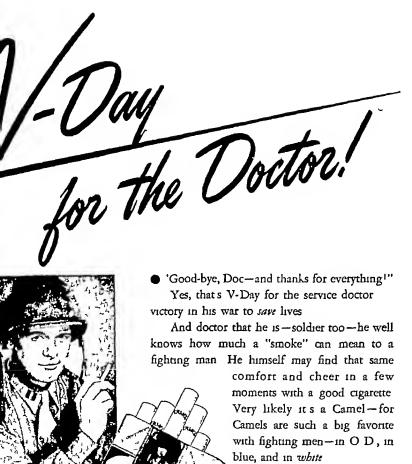
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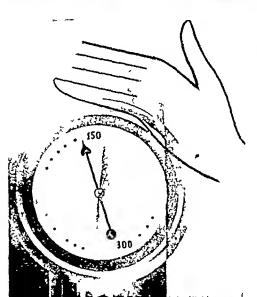
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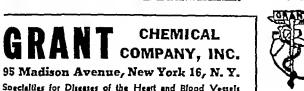
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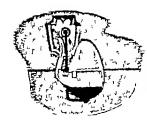
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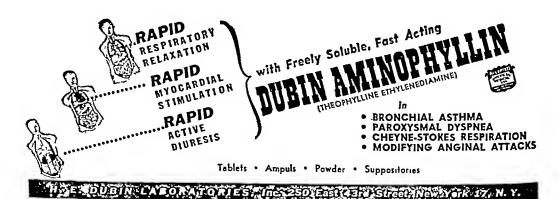
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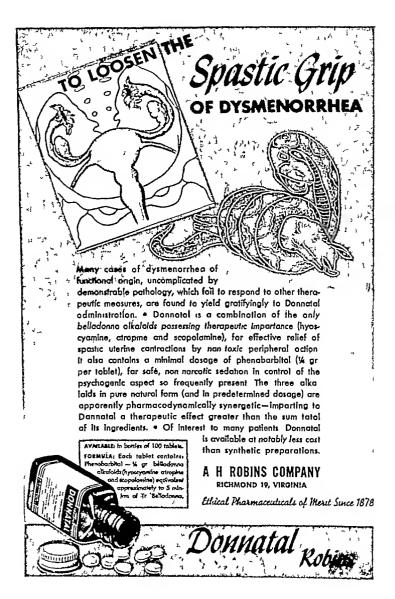
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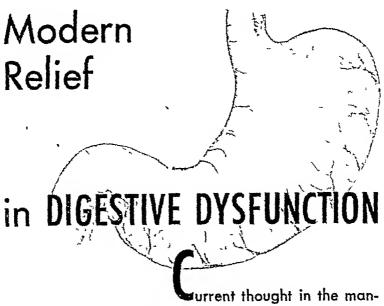
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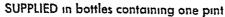
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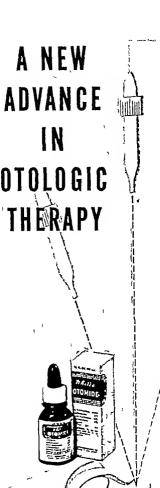
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Rambar A. C., Hardy L. M and Fishbein, W LtJ Ped. 33:31-38 (July) 1943.

Wolf, L. J.; J. Ped., 22-707-718 (Pune) 1843, Wolf, L. J.; J. Ped., 22:295-417 (April) 1943, Wolf, I. J.; J. Med. Boo, New Jersey, 23-426-440 (Rept.) 1841.

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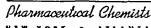
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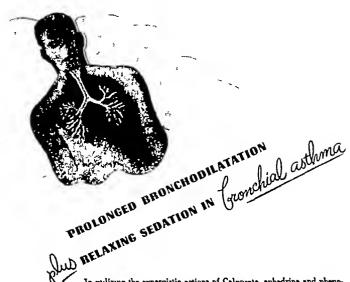
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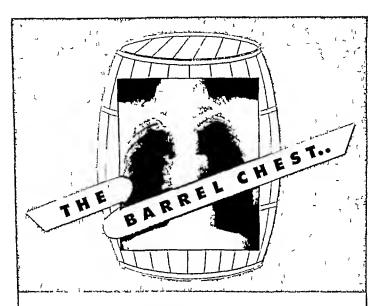
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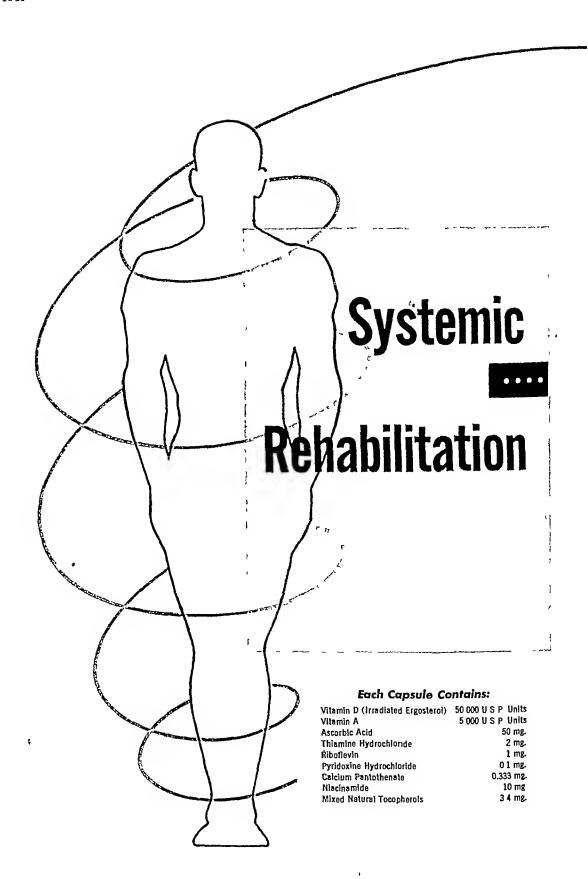
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Itching, burning cyes, excessive lacrimation, exhausting attacks of sneezing and profuse nasal discharge caused by various pollens are speedily and completely relieved with Estivin

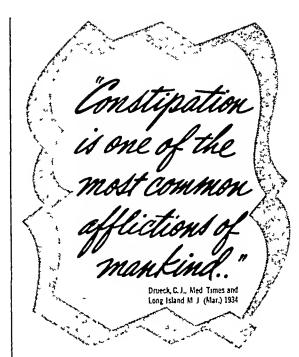
A drop of Estivin in each eye two or three times daily is generally sufficient to keep the average patient comfortable during the entire season In more severe cases additional application whenever the symptoms recur will assure freedom from distress throughout the day

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— is presented in three forms, which allow a gradation of treatment for varying types

- Kondremul Plain
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ASAL obstruction, sneezing, sniffles and itching eyes—these add up to the conglomerate misery whose common name is Hay Fever.

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The synergistic action of ephedrine, phenobarbital, acetylsalicylic acid, antimony and potassium tartrate and potassium nitrate alleviates sneezing, local congestion and lacrimation.

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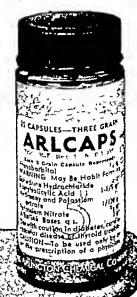
Brand of Phenephatrate

\*The name ARLCAPS is the registered trademark of The Arlington Chemical Company

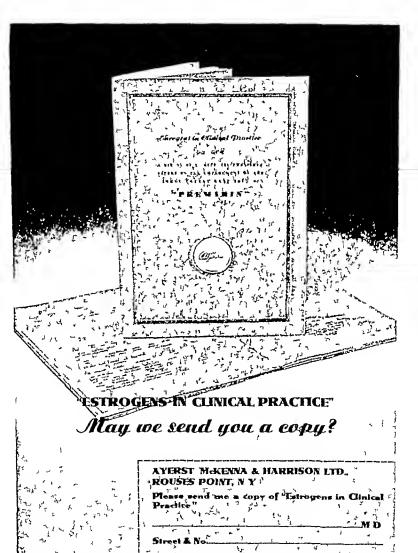
DOSAGE One (3 gr or 5 gr) capsule night and morning, depending upon individual tolerance, while symptoms persist.

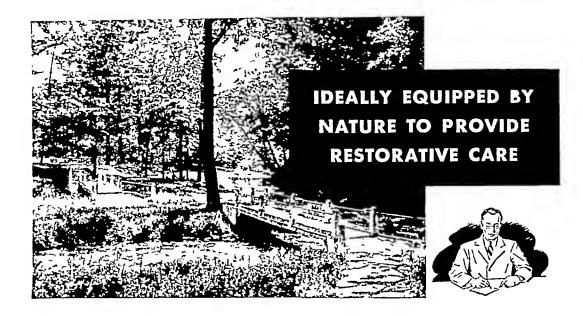
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Secure in the knowledge that your instructions for his care will be faithfully carried out, you find needed relief from your overburdened practice



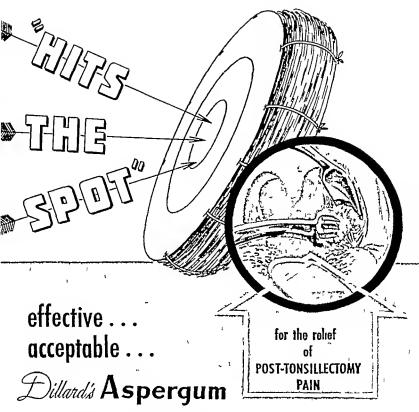
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Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here After a restorative "cure" at the Spa, you, too, would return to your practice refreshed—revitalized—ready for the busy days that still he ahead

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Dillard's Aspergum is available in packages of 16; moisture proof bottles of 36 and 250 tablets

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## WHAT MANNER OF

# Candies

## DOES AMERICA EAT?

MIDAFTERNOON His face beaming, a precious penny clutched in his fist, a little boy runs to the corner store Candyl He is going to buy candyl All the world has never looked so bright

But a penny has such little value today—what manner of candy can it buy? Yet the little boy finds it hard to make his choice Among others, there are peanut squares and malted milk balls, chocolate fudge and wrapped caramels, and peanut butter roll

Nutritionwise, what does his penny buy the little chap? He does not realize it, but in such candies there are 52 calories, and there is good protein (0.9 Gm.), fat (1.74 Gm.), and carbohydrate (8.33 Gm.), calcium (10 mg.), phos phorus (20 mg.), and iron (0.20 mg.), thiamine (0.01 mg.), riboflavin (0.01 mg.), and niacin (0.40 mg.)\*

In quantity, of course there is not much of each of these nutrients But then, a penny is not much either And besides, is there aught else in the world of which a penny would buy so much?

Nutritionwise, to use the term again, this typifies the quality America finds in such candies And it is made in gleaming, spotless kitchens, of chocolate, sugar and milk, butter and fruit, and eggs and nutmeats, under rigid laboratory controls

There is no sacrifice of quality or nutrient composition, even where a penny must suffice to bring the joy of candy into little lives

\*Average of a penny s worth of the five kinds of candy listed

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- Candies in general supply high caloric value in small bulk
- 2 Sugar supplied by candy requires little di gestive effort to yield available energy
- 3 Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts or peanuts are used, to this extent also
  - a) provide biologically adequate proteins and fats rich in the unsaturated fatty
  - b) present appreciable amounts of the important minerals calcium, phosphorus, and iron.
  - c) contribute the niacin, and the small amounts of thinmine and riboflavin, contained in these ingredients
- 4 Candies are of high satisty value, eaten after meals, they contribute to the sense of satisfaction and well being a meal should bring, eaten in moderation between meals, they stave off hunger
- 5 Candy is more than a mere source of nutri ment—it is a morale builder, a contribution to the joy of living
- 6 Candy is nnique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial.

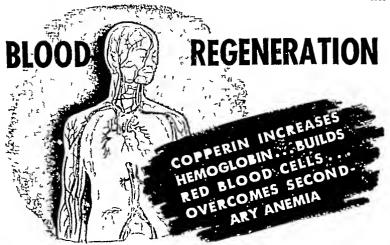
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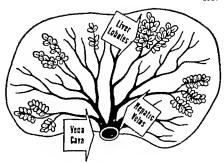
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**SUPPLIED** 

Decholin in 33i grs. tablets. Boxes of 25 100 500 and 1000; and Decholin sodium in ampuls (3 5, 10 ec)

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uccessful management of high blood pressure calls for a regimen which is adjusted to individual requirements. Physical activity is generally curtailed and overwork is avoided. In certain circumstances special diets are prescribed and the use of stimulants is restricted.

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ACID-NEUTRALIZING POWER

STOPS PAIN PROMPTLY HOLDS IT IN ABEYANCE PREVENTS RECURRENCE AT NIGHT

Chloride depletion, astringent action, and the resultant undesirable constipation which beset so many other antaclds are absent from Magmasil therapy. Hence patient cooperation is assured and rapid clinical results ensue in peptic ulcer, gastrius, hyperchlorhydna

Magmanl, a palatable, stable aqueous suspension of hydrated magnesium trisilicate, neutralizes 86 cc of N/10 HCl per teaspoonful This action is exerted over fully four hours, permitting of fewer administrations, simplifying treatment.

Because of this prolonged action, the 11 00 pm dose usually enables the patient to sleep comfortably through the night.

Magmasil therapy permits of early liber alization of the diet, a feature much appreciated by the patient, and leads to rapid healing and remission

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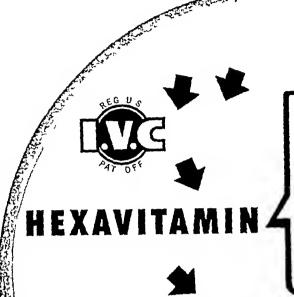
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No Constipation

IN PEPTIC ULCER...

GASTRIC HYPERACIDITY...

ACUTE AND CHRONIC GASTRITS



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# Medications of Choice FOR THE SPECIFIC INVOLVEMENT



# Huralgan in ACUTE OTITIS MEDIA

#### Symptoms

Pain fever, edema leucocytasis, sense af fullness and impaired hearing

#### Treatment

Relief of pain and inflammation—

#### Action

Decongestant, analgesic, bacteriostatic.

Scientificant and reprilits of clinical studies reporting upon the use of Oresmasun available on request.



# Otosmosan

### in CHRONIC SUPPURATIVE OTITIS MEDIA

#### Symptoms

Persistent discharge, often faul smelling, usually na taxemia, no pain no fever

#### Treatment

Otomosan.

#### Formula

Sulfathlazole carbamide 20% in glycerol (Doho)

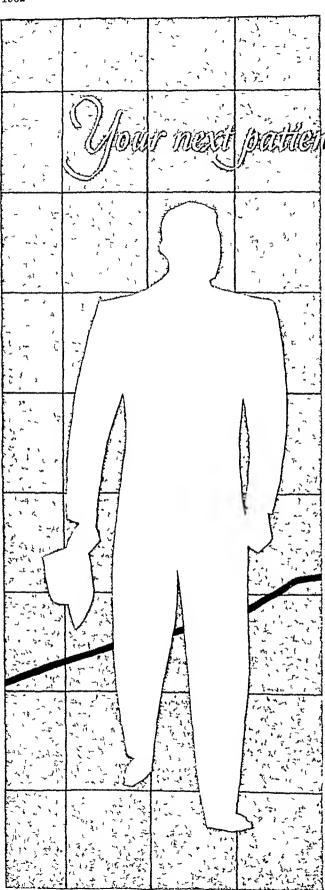
#### Action

Deodorizes the discharge, liquifles unhealthy granulations, bacteriostatic, permits normal epithelialization.

Complimentary quantities for clinical trial

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Mont may be diabetic

A REVIEW of the records of over 45,000 selectees by Blotner and Hyde\* reveals an incidence of diabetes among young adults much greater than earlier studies have indicated. In the eighteen to twenty-five-year age group, the number of cases was found to be three to four times as high as shown in the National Health Survey. In men of twenty-five to forty-five years, diabetes occurred four to five times as often as in the previous estimate. Another striking fact—78 percent of the cases thus discovered were not aware of ever having had diabetes!

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#### For rapid effect—

Iletin (Insulin, Lilly)
Iletin (Insulin, Lilly) made from
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Protamine, Zinc & Iletin (Insulin, Lilly)

Intermediate effects may be obtained by suitable combinations of Insulin and Protamine Zinc Insulin.

Elı Lılly and Company Indıanapolıs 6, Indıana, USA

\*Blotner, H., and Hyde, R. W New England J Med., 229 885, 1943

Lilly

## NEW YORK STATE JOURNAL OF MEDICINE

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#### Editorial

#### Neostigmine Therapy

Known for a number of years as beneficial in the treatment of myasthemia gravis because of its apparent effect in increasing conduction at myoneural junctions, neostignine (prostignine) is now being studied in relation to a wide varioty of diseases in which muscular paralysis, spasm, tension, or cramps are clinical symptoms

Neostigmine is one of a series of drugs which specifically inhibit the enzyme cholinesterase The function of cholinesterase is to split acetylcholine and thereby inactivate it Neostigmine, by inhibiting cholinesterase. allows the accumulation of acetylcholine at nervo endings and in that way produces profound functional changes in many different parts of the body Acetylcholine is recognized as an extremely important physiologic substance because it is responsible for transmission of nervo impulses to smooth muscles and glands in the parasympathetic nervous system, it is responsible for transmission of excitation from nerves to skeletal muscles. and plays a role of importance in transmission of excitation from nerve cell to nerve cell across the synapse.

In 1943, Kabat and Knapp<sup>1</sup> introduced neostigmine in the treatment of poliomyeli-They demonstrated that this drug deereases muscle spasm (muscular hypertonus and proprioceptive reflex hyperirntability) and inhibits incoordination in polion velitis In some instances striking improvement in strength of voluntary motion was observed. They showed that therapy with neostigmino brought about acceleration of recovery in subacute and chronic cases of poliomychtis The therapeutic effect of neestigmine in infantile paralysis was not nullified by atropine, and the improvement was usually retained after treatment was discontinued These observations have since been confirmed 2

The J.A.M.A 2 says editorially

"Trommer and Cohen" also noted good effect in the treatment of muscular spasm in patients with rheumatoid arthritis and some associated conditions Kabati has also indicated that this drug may have a useful function in treating hemiplegia, facial paralysis, cerebral palsy, chronic rheumatoid arthritis, and subacromial bursitis Over 50 patients with these various disorders were treated by subcutaneous injections of 1 mg of neostigmine methylsulfate with 0 65 mg or 0 43 mg of atropine sulfate

"In the series treated by Kabat there were 8 patients suffering from persistent joint stiffness, pain, and limitation of motion following various types of fractures In 7 of these cases significant improvement was noted during one to two weeks Seven patients with hemiplegia were observed with a favorable relief of their spasticity while under treatment Similar results were reported in patients with hemiplegia due to cerebral palsy of the congenital type Six patients with chronic rheumatoid arthritis were relieved in various degrees and, in general, Kabat felt that the results were encouraging enough to warrant further investigation with control procedures and other means of evaluation

"Schaubel<sup>5</sup> also has observed encouraging results with a similar form of treatment in cases of spastic cerebral paralysis"

While it is pointed out that the work pre-

sented by Kabat and others on the use of neostigmine in a large number of unrelated conditions is insufficient for critical evaluation, it appears to be as hopeful at least as any other line of investigation In poliomyelitis Brainerd, Katz, Rowe, and Geiger<sup>3</sup> conclude that

"Neostigmine inethylsulfate will relax the muscle spasm of poliomyelitis at least temporar-

"The value of continued medication with neostigmine, orally or subcutaneously, requires further proof, but its further trial under controlled circumstances is definitely warranted

"The Kenny treatment with or without neostigmine is an effective method of preventing contracture and deformity

"Our study gave no proof nor disproof that either neostigmine or Kenny packs reduce the incidence of paralysis"

<sup>1</sup> Kabat Herman M Ann District of Columbia 14 (June) 1945 <sup>2</sup> 128 812 (July 14) 1945 <sup>3</sup> Trommer, P R, and Cohen, Abraham J A M.A 124 1237 (April 29) 1944 <sup>4</sup> Kabat, Herman Pub Health Rep 59 1635 (Dec. 22)

1944 JAMA 128 719 (July 7) 1945

#### Common Sense in Veterans' Medical Care

In a thoughtful letter to the New York Times the president of the Monmouth County (New Jersey) Medical Society discusses what appear to be sound and commonsense plans for providing local medical service for returning veterans in that area

In view of the fact that in the State of New York there became operative on April 11, 1945, Chapter 763, of the Laws of New York, creating in the executive department a division of veterans' affairs providing for "local participation in the maintenance and operation of veterans' service agencies," consideration of Monmouth County's plan for possible adoption by county units in this State in cooperation with the Veterans' Administration might be wise

"The Monmouth County plan is, briefly, as follows All members of the Monmouth County Medical Society who are willing to serve will be designated as outpatient physicians on a fee

1 July 8, 1945

basis for the Veterans Administration—this will be approximately 90 per cent of our membership The society will supervise the work to make sure that the veterans are given proper care addition, at convenient places in the county, at such intervals as the volume of work requires, These will be there will be screening clinics staffed by specialists in several fields-internal medicine, general surgery, orthopedic surgery, eye, ear, nose, and throat, psychiatry, etc these clinics the returning veteran may come, having authorized the Red Cross to obtain his On the basis of this rec-Army medical record ord and their own findings the clinic staff will determine whether the veteran needs treatment and whether such treatment can be carried out at home or requires hospitalization

"If he can be treated on an outpatient basis, he will be shown a list of physicians qualified to treat his particular condition, from which he makes his choice If he has no choice, he will be assigned to a physician convenient to his home The Veterans Administration will provide the necessary clerical work and will also provide a

liaison officer to authorize the referral

"Plans are also being made to permit hospitalization of the veterans in local general or specialized hospitals. It should be attact that this had already been proposed by the Veterans Administration before the medical society auggested it

"The Monmouth County plan preserves the individual doctor-patient relationship and avoids the psychologically had situation of being treated by a government doctor in whose selection the patient has no part. It also will obviate the hardship of traveling long distances to a veterins' chinical center

It is based on the principle that before he was a soldier a man was a citizen and that as a veteran he has certainly lost none of the

rights of a citizen Our Monmouth County plan, it seems to us, preserves intact one of those rights, and if it adds something to the medical service rendered to the nonveteran citizen, it is little enough for us to do for those who have fought our wars for us "

Such seemingly practical plans as these based on sound principles and local participation in veterans' medical care are steps in the right direction. If they are set up and implemented now much valuable time will be saved and the doctor-patient relationship preserved as far as this is possible. We recommend its consideration by the county medical societies of this State.

#### More of the Same Needed

In its issue of July 21, 1945, the Saturday Evening Post' carries a discussion of the Wagner-Murray-Dingell bill by Dr. Mary B Spahr. It is to be hoped that many physicians will read it, certainly it will be read by millions of lay people who are interested, or should be, since it is their money which the authors of the bill propose to disburse so layishly. Dr. Spahr says

"Discussion of the Murray-Wagner-Dingell bill onght to clarify the issues raised by 'socialned medicine.' Instead, they are fogged up in a haze of prejudice and special pleading

"As a physician, I point without pride to the record of my own profession in defending its position. We doctors eschew calm analysis and content ourselves with angry mutterings about 'political medleine,' so that the uncritical observer accuses us of putting our professional hablts above our aspiration that all the people shall have good medical care and have it more We assume that all advocates of abundantly socialized medicine are accusing us doctors of giving the best of care only to our best-paying patients. The friends of the Wigner bill are too often able to put doctors in the position of regarding medical progress as the monopoly of private practitioners

"We doctors naturally resent being denounced as mercenary and uncharitable by ndvocates of a bill which does not compel protection of the indigent So, in our wrath, we find to admit that many medical advances have been made under Government auspices—quarantine, heensing of ndvarelans, and public-health education, among others We give eards and spades to our opponents by stubbornly refusing to admit that the Government-paid doctor has a vital place in our economy

"So few of the disputants have actually read the Wagner bill that misunderstandings further confuse the issues and adetract the question, which is Will the Wagner bill realize our common ideal of good medical care for everybody? Further, can any national plan be launched successfully during the present shortage of physicians?"

Dr Spahr writes extensively of her E M I C insurance, and private practice of pediatrics in a town of 20,000 writhout geographic or social limitations. She notes the drawbacks even to a personalized insurance plan which she devised. She says further,

"My experience is not unique. Several years ngo, a county medical society launched n medical-insurance plan. During the first year the cost of providing the services agreed on was nearly three times the income from policy holders. There had been no unusual epidemic or catastrophe, and no more than the expected number of operations. The deficit was due entirely to the large number of house calls for minor illnesses. The provisions of the standard policy have been sharply revised. It now covers surgical costs alone. If a medical nder is added, the premium is all but tripled.

"The Wagner plan overlooks the pertinent experience of voluntary insurance when it envisages complete medical insurance at a cost approximating the present total national medical bill it provides neither for mounting costs nor for the multiplication of physicians to meet the souring

demands, although it is common knowledge that there is already a shortage of physicians. Somehow the demand must be reduced to conform to the supply of medical facilities and of funds

"Medical services cannot be standardized by rule Not only are patients diverse in their demands, but ailments cannot be graded and catalogued 'Chickenpox, one house call, sprained ankle, three office calls, pneumonia, seven hospital calls,' and so on "

She writes in plain terms of the relief programs in her area and the inevitable bureaucratic red tape

"Thwarted as I felt by the bureaucrats and red tape that had come between me and my patient's need, I have no panacea to suggest as an alternative to these regulations. They seem to go with public medicine. Sometimes it was only delay that thwarted our best efforts for the well-being of our patients. On other occasions, no word of the patient's condition reached our ears. It rankled when nonmedical persons passed on what treatment a patient 'deserved,' rather than what he needed, using moral judgment as the basis of selecting cases for treatment.

"This experience with relief medicine is overlooked by the framers of the Wagner bill Most people assume that the bill makes generous provision for the indigent Careful perusal reveals exception after exception which relieves the Federal insurance funds of the most expensive cases. For example, the bill does not cover tuberculosis, mental disease, or the infirmities of old age. It does not even cover the indigent Carefully studied, the Wagner bill is found to be limited to the protection of medium-sized incomes from middle-sized diseases.

"Private insurance and public management alike find the costs of small illnesses most difficult to control. The Wagner bill sets forth just one provision against the increase of minor complaints. To prevent abuses, each individual may be required to pay the cost of the first service in a 'spell of sickness'. Any physician who has worked under voluntary medical insurance is sure this clause will have to be invoked, and that it will increase 'two-call illnesses'—the second call to give the patient something for his money."

Discussing the inevitable difficulties of administration, Dr Spahr states,

"On the side of administration, a compulsory plan presents obstacles which have never handicapped voluntary insurance. The patient who chisels more than his share of service cannot be excluded from future benefits, a doctor who evades his share of the drudgery can remain in Federal practice There is no certainty that a sufficient number of doctors now practicing will go into a Federal scheme As for doctors now in military service, their stake in the future of medical practice is rudely ignored, and their opinion is not even sought

"I may be wrong The Government may offer such dazzling salaries that enough doctors can be attracted into Federal medicine to give it a trial run. If so, their standards of practice will be controlled by Federal officials as they never were by the relief agencies. Few doctors were dependent on relief clients for the major part of income, few of us needed to cater to the relief workers. And we had some spare time to make disallowed calls on relief clients. Under a universal compulsory system these freedoms would certainly be restricted.

"We Americans have had privacy for so long that we forget the value of the freedom from intrusion guaranteed in our Bill of Rights Whether or not Federal medicine sends its workers into our homes to investigate our need for medical care or to urge us to follow medical advice, we shall lose our privacy

"Insurance is essentially for calamities, in every field, it is provision for the small losses that is difficult. Yet it is the cost of serious illness that worries the patients. It is the usual experence of physicians that anyone with a regular job takes the cost of brief sicknesses in his stride.

"There are not enough doctors for universal medical insurance All Government plans demand from the doctor responsibility without allowing him authority to exercise that responsibility

The Wagner bill gives no assurance that patients are to deal directly with their doctors Overworked doctors nowadays have a hard enough time deciding which of their incoming calls are the most urgent If the calls are to be shunted through a Government worker, we should start with two strikes against us-and against the patient's recovery Federal subsidies for medical facilities in underprivileged areas and for calamitous illnesses are at least as feasible as Government payments to returned veterans for their education in privately managed colleges Some plan by which the Government contributes to medical care without dominating it has yet to No such plan is possible without be charted the active cooperation and support of doctors We of the medical profession must take an even more active part than we have taken in adapting our skills to changing conditions

"No matter what the plan, dreamers of dreams of Federal medicine must put them aside until there are enough physicians to carry out

what the Wagner hill undertakes to guarantee to the people."

This is plain speaking, devoid of technicalities, readable, and convincing It comes at a timo which has just seen a coalition government in England overthrown by the Labor Party in an election which at the same time repudiated Sir William Beveridge, though not necessarily his plan for security from the oradle to the grave. The Wagner-Murray-Dingell hill in this country is said to have the backing of organized labor If so, recent trends ahroad may provoke a rash of

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It would be well if the medical profession would more freely discuss in lay periodicals its scientific experience with government medicine both here and abroad, its good points as well as its operation against the public interest It is to the good, reliable common sense of the public that our arguments must be presented In this instance Dr Spahr and the Saturday Evening Post have done a timely and noteworthy service both to the medical profession and in the public interest More of the same is needed

#### Current Editorial Comment

#### Of This and That

Silver Lining It is hard to find these days the alver lining that lies on the other side of the war cloud, but in looking over the domestic situation it occurs to us that the Federal Government, with all its blundering. may be benefiting a large number of sufferers from various human ailments. The high red-point value and the scarcity of fats must certainly be looked upon as a boon to those suffering from gallbladder diseases who lack the self-control to ration themselves with respect to gravies, fried foods, and fat Then, too, the scarcity of steaks meats and chops prevents those with high blood pressure from running it up still higher, and the prevalence of ground-up meats is surely a boon to those with false teeth cut in the sugar ration will help the diahetics. whether they like it or not, and will also materially assist others who are overweight but who lack the strength of character to deny themselves the luxury of overindulgence in carbohydrates

We do not necessarily advocate substitution of government controls for strength of character, self-denial, and abstinence on a voluntary basis, but we are willing to concede that the shortages and the pointrationing system have their brighter sides We consider the matter of the cigarette shortage to be one too controversial for

extended comment at this time

Citizen Participation in Public Health. Representatives of twenty states, including New York, were present at a Public Health Service course, March 26-30, at the National Institute of Health, Bethesda, Maryland The course was organized by the General Federation of Women's Groups and was conducted by the United States Public Health Service, according to Public Health News ! The purpose of the project, it is said, was the stimulation of citizen participation in public health on national, state, and local levels

Over half a million women pledged themselves, through their delegates, to conduct active programs in their own states among clubwomen and the women of other interested organizations The principal objectives were (1) survey of public-health facilities and activities, (2) evaluation of community public-health needs, and (3) interpretation of public-health programs

"The closing address, Today and Tomorrow in Public Health,' by Surgeon General Thomas Parran, embodied an analysis of the publichealth problem, a statement of national publichealth objectives, an interpretation of world cooperation in health, and a charge to the women of the country to participate in publichealth programs Excerpts from Dr Parran's address follow

"We in the United States have accomplished

Vol. 22 No. 16, April 16, 1915.

The appendix was removed in 36 cases (28 per cent) in this series. We do not recommend concomitant elective operations with patients in shock, hemorrhage, or suspected infections. Blood in the peritoneal cavity acts as a good culture medium for Bacillus coli. We can reasonably attribute two surgical deaths in this series to removal of the appendix with subsequent peritonitis.

However, these mortalities occurred prior to the use of the sulfa drugs, the use of which might have changed the ultimate results in these two Wherever possible, conservatism instances should be practiced in operating upon patients with tubal rupture or abortion Abdominal elective operations may be recommended in unruptured tubal pregnancy It is good surgical practice to inspect the other tube, for occasionally a simultaneous tubal pregnancy may occur in that tube, as happened in 1 case in this General anesthesia is the anesthetic of choice, spinal anesthesia is recommended only for patients operated upon before rupture occurs and in those cases having arterial pressure appropriate for this type of anesthesia cases (64 per cent) in this series, gas, oxygen, and ether were the anesthetics used, in 42 cases (33 per cent) spinal, in 2, cyclopropane, and in 1, local novocame infiltration

Transfusions - Experience over a period of years has taught us that exsanguinated patients are bad risks whether operated upon or not With severe hemorrhage, there is no marked transition between the state of peritoneal shock and the picture of internal continuous hemorrhage If allowed to continue, a state of irreversible shock occurs It is our opinion that a large number of patients can be saved if a prompt and massive transfusion of blood plasma or whole blood were available for them Of course, the time to transfuse must be dependent upon the patient's condition In its use, one should not wait too long in the hope that the gravity of the condition is due entirely to shock, instead, a massive transfusion should be given and the patient operated upon immediately because the condition will not improve until the bleeding vessels are ligated Plasma should be used prior to operation until blood is obtained In this series 41 patients (32 per cent) were transfused, the average blood transfused was 500 cc, the largest amount was 1,500 cc Autohemoclysis was done in 2 cases early in this series With plasma and/or blood now available at most hospitals, this procedure is now not necessary

Mortality—There were five deaths (39 per cent) in this series, one having died prior to operation with a surgical mortality of 31 per cent. There were no deaths in this series since 1936

#### Case Reports

Case 1—(18611) The patient was a white femily, age 33, with a history of pain in the precordial regard and abdomen and vaginal bleeding for four days price to admission. On the day of admission she had served abdominal pain and fainted. Menses occurring every twenty-eight days on the fourteenth, lasted four days. The last menses occurred November 16, 1930, and she was admitted January 2, 1931. Show as a widow, had no abortions, miscarriages, or full term pregnancies, but had an ectopic pregnancy two years prior to admission. She had had rheumstic heart disease and ankle edema for eight years.

Examination —The patient was admitted in shock. with a temperature of 100, pulse, 140, and blood pressure, 90/60 Tho abdomen was tense A vaginal examination revealed a very hard, tender mass in the posterior cul-de-sac. The cervix was tender on motion Tho uterus and adness were not A diagnosis of a ruptured ectopic (left) palpable pregnancy and endocarditis was made died twenty-eight hours after admission and twenty four hours after operation A local infiltration anesthesia was used, and a transfusion of 550 cc whole The operation revealed massive abblood given dominal hemorrhage, a right salpingectomy was The patient was a poor risk, both medically and surgically

Case 2 -(23079) A colored female, age 29, had a history of vomiting and abdominal pain for forty eight hours prior to admission. Menses occurred on the fourteenth, at an irregular interval of twenty one to thirty-five days, and a duration of four days, one month amenorrhea occurred She had been married two years, with no pregnancy A previous operation was performed at age 20, the nature of which was unknown Examination revealed the abdomen to be distended and tympanite with tenderness over the entire lower portion. A well-healed midline scar was evident nal examination showed a tender cervit, but 10 masses were palpable on account of distention. The temperature was 102, pulse 118, respiration, 30 The red blood count was 3,290,000, white blood count, 10,000, and hemoglobin, 65 per cent The Wassermann test was 4 plus Vaginal and urethral She had a sedimentation smear were negative rato of 18 mm in thirty minutes A diagnosis of toric paralytic ilius with postoperative adhesions with made Operative findings were of adherent left There were adhesions ruptured ectopic pregnancy of small and large intestines and omentum to the anterior abdominal wall A left salpingectomy, separation of adhesions, and appendectom; were She died four days postoperatively of performed peritonitis

Case 3—(30026) The patient was admitted with a history of vaginal bleeding and pain on left side of the abdomen for two months prior to admission. She had no missed periods, but bled intermittently with pelvic cramps for two weeks after last menstruation. She was para II and gravid II. Her blood pressure was 132/70. The abdomen was not distended, but tender throughout pelvis. A vaginal examination reveale.

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"We in the United States have accomplished.

<sup>1</sup> Vol. 22, No. 16 April 16, 1918.

much toward improving the health of all the people, but no nation in the world has gone as far as it can toward achieving good health within its borders. The time has come when every state and community should begin to study their health needs more intensively—for community organization and community responsibility for health services are basic to the progress of the nation as a whole

"In planning for the future, we all need to make certain assumptions about the type of society in which we can best function We shall assume

"'1 That full employment with a continuing high level of national income is a basis of progress in public health

"'2 That all citizens should have equal opportunity to regain and maintain health to

the extent of their capacity

- "'3 That the whole problem of public health and medical care will require a combination of public and private action, utilizing all resources
- "'4 That the Federal Government would assist the states in order to promote advancement in the less privileged communities
- "' Victory—incomplete as it is—over infectious diseases has changed the principal causes of death. In this country cancer is now the second most frequent cause of death. In 1940 the death rate for cancer was ten times the rate in 1880, and for diabetics it was seven times as high as then
- "So the health needs of the nation though not the same in some respects as they were saty years ago, are still present—still an important challenge. The war has thrown our health needs into bold rehef. Many of them were pointed up when the Selective Service and induction centers rejected 36 per cent of the men they examined thousands of them for preventable or curable conditions such as syphilis, herma, and the residuals of infectious diseases
- "' We have been assembling information on the postwar health needs of the nation and as a result of our studies it is possible to chart broad objectives
  - "'1 A hospital system for the provision of complete medical service for every citizen
  - "'2 Expanded public-health services in every part of the country
  - "'3 Adequate water supplies and other sanitary facilities
    - "4 Medical care for all
    - "5 Augmented medical research, and
  - "'6 Training of health and medical personnel in adequate numbers'"

It is encouraging to observe this growing interest on the part of the women in the broad aspects of public health. For certainly the acceptance of the newer things in medicine is dependent upon a wider dissemination of information concerning them than we have yet been able to accomplish. It is to be hoped that these delegates will return to their various localities stimulated to a better understanding of the publichealth problems of their communities.

Rabies in dogs continues to Rabies spread in upstate New York As has been pointed out in previous issues of Health News, since 1943 new areas have become involved, particularly in the western and south-central parts of the State June 15, a total of 324 rabid animals, all but 5 proved so by laboratory examination, have been discovered and reported to the state health authorities this year figure exceeds the 313 rabid animals reported for the entire year of 1944, and the average annual total of 104 reported rabid animals for the five-year period 1939–1943 At the present time portions of fourteen upstate counties are under certification for the presence of rabies The most recent additions to this list are Onondaga and Cortland counties, which were completely certified on June 6, 1945, and also Tioga and parts of Niagara County, portions of which have been certified since January, 1945 To complete this list, parts of Erie, Chautauqua, Cattaraugus, Orleans, Monroe, Broome, Chenango, Delaware, Rockland, and Westchester counties are likewise under certification for the presence of ra-

In these areas Section 25-a of the New York State Public Health Law becomes operative, requiring that dogs not be allowed at large elsewhere than on the premises of the owner, or on the premises of another person with the knowledge and assent of such person. In addition, during this period any duly appointed dog warden or any peace officer shall, and any other person may, seize and confine or kill any dog found at large in violation of this section. An opinion from the Attorney General states that a dog on leash is not "at large" within the meaning of this statute

#### PRINCIPLES IN THE TREATMENT OF CHRONIC HEADACHE

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A NY discussion of the treatment of beadache that headache is a symptom, not a disease, and it should always be our aim to direct our therapeutic efforts toward the cure or elimination of the disease process underlying any particular symptom rather than directly in the symptom riself. The situation is made still more difficult in the case of headache by the fact that this symptom is found in connection with such a variety of diseases many of them totally dissimilar, as, for example, brain tumor and chronic nephritis

Many of the causes of headaches are acute illnesses which either run their course or are cured within a relatively short period of time aches of this type do not ordinarily present any particular problem to the physician The situation is very different with another large class of nationts whose headaches with much accompanying distress and discomfort occur intermittently for months or years We propose in the present paper to limit ourselves to consideration of three types of headaches belonging to this latter group migraine, psychogenic headaches, and post-traumatic headaches. These three types constitute the majority of longstanding, recurrent headnehes and they are for that reason of practical importance to the practicing physician to whom they frequently present difficult therapeutic problems

Our experiences indicate that there are two principal modes of therapy for these common types of headaches. They are drug therapy and psychologic therapy, or, as it is often abbreviated, psychotherapy. We shall try first to demonstrate the desirability of a twofold approach and then proceed to a brief discussion of each approach.

A recent study of post-traumatio headache demonstrated the importance of both psychologic and physical factors in the production of prolonged post-traumatic headache in the majority of the cases. The incidence of such prolonged headaches was high among patients with symptoms of marked, immediate, emotional reaction to the injury and those with complicating environmental factors which might be presumed to cause unusual emotional stress, it was low among patients with a very mild head injury and those who were injured while playing (that is, in recreational accidents). From these findings it loga-

cally follows that in the treatment of such patients attention should be paid to both physical and psychologic finators

A smilar twofold etiologic relationship is frequently demonstrable in patients with migraine headaches, where there is doubtless a constitutional predisposition and much is known about details of the physiologic mechanism responsible for the headache itself. The following case, which illustrates these relationships, is taken from a group of patients who have been seen at the Monteñore Hospital during the past six months.

Case 1—G Z, a male attorney aged 32 years, had been suffering with attacks of migraine since his graduation from law school four years previous to examination. There was nothing noteworthy on physical or neurologic examination. Ergotamine tartrate was helpful in controlling or nileviating the attacks but even with its help tha patient was not always successful in avoiding severe discomfort.

After some study it was ascertained that the migraina headaches occurred most often the evening before the patient was to appear in court or on a Sunday when he did no work at all. It also became apparent in the course of successive visits that the patient exhibited considerable evidence of psychologic tension

After a period of psychotherapy and adjustment the patient became able to attend court without precipitating any attack, and to onjoy his holidays. The frequency of his attacks was markedly reduced they became of aborter duration and were now in variably relieved by the use of ergotamine turtrate

If we turn now to n discussion of the forms of therapy themselves, we may first discuss briefly the available drugs. Table I lists some of the more common drugs that are used, or whose use has been suggested, in the treatment of headaches of various sorts. From these drugs we can select the more important ones and discuss them in relation to their use in the treatment of certain types of headache.

The first type of headache we wish to discuss briefly is often referred to as psychogenic. These patients are without any evidence of organic discusse. They are cluefly females nithough the male sex is not without representation. They usually have had headaches for many years (15-25), the onest being insidious, occurring as recurrent acute headaches or as continuous chronic types. Their location and type are variable and they may be preceded by preliminary reactions such as sensitivity to light nauses dimness of

#### TABLE I - DEUGS USED IN TREATMENT OF HEADACHE

Analgesics
Coal-tar derivatives
Opiates
Demerol
Sedatives (to decrease tension)
Barbiturates (long medium, and short acting)
Bromides
Drugs Acting On Autonomic Nervous System
Sympathomimetic
Ephedrine
Epinephrine
Benredrine
Dexedrine
Parasympathomimetic
Prostigmine
Cholin esters

Drugs Acting on Blood Vessels
Vasodilators
Amyl nitrite
Histamine
Carbogen
Alcohol
Vasoconstrictors
Caffeine
Ergotamine tartrate

Drugs Affecting Volume and Composition of Body Fluids Glucose Sucrose Magnesium sulphate Calcium

Miscellaneous
Hormones
Vitamins
Peptones—specific antigens

vision, etc. Practically all are accentuated by the menstrual period in its onset or during the actual time of menstruation We have found that aspirin compound (aspirin, phenacetin, and caffeine) in quantities of 10 to 15 grains gives temporary but quite effective relief in this type of headache The use of any of the opium derivatives is contraindicated for obvious reasons However, as an adjunct to the aspirin compound tablets, we use one of the short acting barbitals with its sedative effect to give a more prolonged and efficient relief Considerable emphasis has been given to hormones in the treatment of these headaches but in our experience benefit from their use has been extremely limited Testosterone acetate given usually in 25 mg intramuscular injections ten, seven, and three days before the menstrual period gives relief in some cases to the patients with headaches during the premenstrual and menstrual period Stilbesterol given in small quantities, ie, 01 mg, graduating to 1 mg daily, is sometimes helpful in relieving the headaches which occur in the menopausal periods

The second type of headache we wish to discuss, is migraine whose symptomatology is well known and will not be reviewed here. Ergotamine tartrate is by far the best drug in the treatment of migraine. However, the concentration of the drug given is most important if the treatment is to be at all successful. At the start of each

attack we give four or five 1 mg tablets either sublingually or orally These are followed at one-half hour intervals by 1 mg tablets for a period of two hours until a total of eight or nine tablets have been taken. It is most important that the drug be given early in the attack or in the prodromal period On occasions it is necessary to give the ergotamine parenterally bined with the ergotamine we use a combination of short and medium acting barbital (0.05 Gm of "seconal sodium" and 0.05 Gm of "sodium amytal") which in a few cases has aborted the attacks without the use of ergotamine therapy as quiet, warm baths, etc, are often useful adjuncts to treatment Other therapy. such as vitamins, hormones, oxygen, etc., are practically of no avail in the treatment of mi-

The third type of headache which we wish to discuss occurs after a minor or serious injury to the head and is usually part of the post-traumatic syndrome (recurrent headaches, dizziness, fears, anxiety, fatigue, and inability to concentrate) A small number of our patients with post-traumatic headache of several months' duration were given 01 mg of histamine base intravenously with encouraging results Treatment of the immediate post-traumatic headache by spinal puncture was not in itself effective in another group of cases studied in California, one of the authors found that intravenous, hypertonic sucrose solution would give temporary relief to the immediate post-traumatic headache in a high percentage of the cases of severe head Codeine, aspirin compound, and shortmurv acting barbiturates are of value in the treatment of the immediate post-traumatic headaches Codeme is to be avoided in prolonged treatment of these headaches

In the treatment of a majority of patients with any of these types of headaches, drug therapy alone will not be completely successful A maximum therapeutic result can be obtained only if, in conjunction with drug therapy, one also carries out some form of psychologic treatment. The vastness of this subject makes it impractical to discuss it in any but a brief outline form.

The fact that bodily changes can be brought about by emotional stimuli just as effectively as by bacteria, toxins, or trauma is well known, but how is one to make use of this fact in the approach to the problem of the treatment of headache? The method of history taking is of utmost importance. Both the subject organization, which gives a cross section of the patient's present difficulty, and the personality organization, which gives a longitudinal section of the life of the patient, are necessary parts of the examination of

a patient with headaches. An attempt is made to determine what are the factors in the person ality and environment which precipitate the headaches and the dynamics in olved. In some cases this may be quite simple but in others it very difficult because there may be repressed material of which the patient is unaware

A brief summary of the case histories of two patients whose headaches were associated with emotional factors are presented below

Case 2 -M L., a 42-year-old, white housewife came to the clinic complaining of intermittent, sharp, hifrontal headaches which had been present for ten years. The frequency was somewhat irregu lar but at the time she came to the clinic, she was having headaches two or three times a week each of which lasted from one to two days. She com plained hitterly of the pain, though she was usually able to continue her daily duties. She had tried many of the usual analgenes without any appreciable relief before coming to the clinic. She com plained of no other symptoms and general physical and neurologic examinations were entirely negative. However, In the interviews which followed her first visit, it became apparent that her headaches were precipitated by many situations in which she became tense and anxious. For example, she placed great emphasis on her cooking and housekeeping ability and was very sensitive to any shortcomings or failure in these activities. Before guests would arrive, she often would show signs of considerable emotional stress and apprehension that things might not go quite correctly Once when the roast she was preparine for a dinner party burned, she daveloped such a severe headache that it was necessary to call in a physician At other times her headaches were related to anxiety and suspense about her son who was in the Army and who for several weeks, ex pected daily to receive orders transferring him to active duty abroad

The relation of her headaches to her emotional stata was demonstrated to the patient, an opportunity to ventilate her various anxieties was afforded in the course of the interviews, and she was encouraged to dovelop new and more varied interests mild seatation (phenobarbital, <sup>1</sup>/<sub>2</sub>, grams was employed for several weeks as well as aspirin to be taken when she had headaches. Under this regimen her headaches rapidly diminished in frequency and severity and at the time of writing she had a head ache only once in two weeks and those were relatively, mild and lasted only three to four hours.

Cass 5 — M S, a 40-year-old, white housewife came to the clinic complaining of intermittent, dull, bilateral frontotemporal headaches for the past five years. These occurred two to three times a week, lasted from three to five hours and caused great distress, though also was able to continue her delly tasks despite them. The headaches were often accommanied by a feeling of light headedness or giddiness and paresthesias of the scalp. She also complained of feeling anxious whenever her head ached.

There were no other symptoms and general physical and neurologic examinations were normal. After a number of interviews there was established a relationship between her headaches and the frequent visits of her father-in-law Questioning under sodium amytal revealed that he had attempted to seduce her six year-old niece several years previously, but only the patient was aware of this fact and had kept secret from the family her fear of this man His arrival at her house or even the knowledge of his visit was followed by a headache

In subsequent interviews during the next few weeks the entire situation as well as her reaction to it was discussed. Sha was encouraged to discuss the matter with her husband in order that he might share responsibility in the matter with her and to rehere her of some of her fear of her father-in-law. The relationship between her hasdaches and her fear was also demonstrated and discussed. Since that time (four months at present) the patient has had no further headaches.

In all of these patients catharsis or ventilation, desensitisation, direction, and re-education are part of the therapy. In this manner the patients are made aware of drives and aims they never fully recognised. Attempts are made to modify the underlying tension and alter the environment so as to develop a more normal pattern of life. This is an important therapeutic and in success of treatment from the standpoint of permanency, for by redirecting his energy and pointing out the defects in his manner of attempting to meet his difficulties, one gives the patient a sense of security in his everyday life which may result in elimination of the headaches.

In conclusion, it must be emphasized that in the vast majority of the patients who come to practicing physicians complaining of headache psychologic factors are present which tend to increase the frequency and seventy of headaches even though an underlying organic disturbance is even though an underlying organic disturbance is present. Therapy must, therefore, be directed toward psychologic disturbances as well as toward the physiologic factors. Unless the patient is mabled to cope with his psychologic problems, chances for a therapeutic success are minimal although the relief of the presenting complaint—pain—may be temporarily achieved by the use of drug therapy.

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#### AN ESSENTIAL APPROACH TO REHABILITATION

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TN THE solution of our national rehabilitation 1 problems, there are three considerations of paramount importance first, a revision of the views of some people concerning procedures in vocational training, second, a fuller comprehension of the importance of education through public relations, and third, the vital necessity for unification of effort to a successful rehabilitation program

With World War I, the importance of economic adjustment for the handicapped slowly This adjustment is more gained recognition readily effected in one war year than in several ordinary years because special attention is focused on all available industrial manpower, industry is not geared rigidly to ordinary economies, and the ranks of the handicapped are augmented by disabled servicemen

What course has this economic adjustment taken? For years we trained the handicapped vocationally on the premise that such training was the answer to the rehabilitation problem Little thought was given by the trainer or the vocational counselor, who was slowly coming into the picture, to whether there would be specific jobs in the community wherein the handicapped could place to advantage their newly found skills Regardless of the amount of disablement in individual cases, excessive emphasis was placed upon the type of training necessary for jobs in sheltered The sheltered workshop was the workshops catch-all for the handicapped At the present time, a close study of the specific incapacities involved in a given disability and the use of job, analyses provide data indicating that the handicapped can successfully fill many more types of jobs than had been even suspected and in such positions can compete with able-bodied workers However, in the overemphasis on vocational training of those of the handicapped who are strictly limited in competence and aptitude, we minimize the chances of those handicapped who might very well be assets in normal industry on a skilled level The inherently inept handicapped person, like the inept able-bodied person, might far better be made versatile at a lower occupational level where he can adapt himself to the stresses and strains of economic changes, than to be placed in a position where he is made to compete at a highly skilled level with the capable ablebodied and the adept handicapped When we consider that the majority of what we term the normal population is composed of unskilled workers who must accept various unskilled jobs, we

may well question our present training procedures wherein the assumption is generally made that the development of a single skill is the key to vocational adjustment for all the liandicapped

It was to a far greater extent the abnormal economic condition brought about by the war, rather than the technical advances in vocational guidance and training, which allowed the handicapped in such comparatively large numbers to leave that group known as marginal employees and take their places alongside able-bodied workers The war has clearly brought out the sociologic significance of unemployment in the case of the handicapped who have now proved themselves as capable workers Whether the technical advances in guidance and training will suffice in the vocational adjustment of the handicapped under peacetime conditions is the question that will assume increasing importance as the need for manpower decreases It cannot be overemphasized that vocational rehabilitation of the handicapped entails a right-about-face by the public in its acceptance of handicapped labor Isolated instances of on-the-job demonstrations with the handicapped for the employer's benefit are en-This question must in all tirely inadequate necessity be posed what penetrating approach shall we take to direct the minds of potential employers who naturally think in terms of profit and loss? The answer lies in a constructive and thorough program of education through public relations in which awareness of the problems involved in rehabilitation shall as far as possible become the common knowledge of the community and the nation as a whole, rather than of medical and social service groups alone Unscientific use of the terms blind, cardiac, tuberculous, and so forth without full knowledge of the exact degree of disablement proves a great difficulty in the vocational adjustment of the handicapped There must be a clarification of such semantic maccuracies on the part of industrialists and those in public office whose decisions will largely determine whether the handicapped will be put to work, particularly under postwar economic con-With the inevitable downward swing of the business cycle along with the inevitable slackening of patriotic wartime tension, the need for such a program grows

The tendency remains too strong in the almost exclusive direction of vocational training Public taxes and private donations are earmarked for only that When we ask the question, "Train for what?," we forcefully realize that the jobs must be created within the industries in the communities. Hordin lies the need for a program of education through public relations—only when the maximum number of employers in the country are reached and fully informed of the capabilities of the handicapped for specific jobs will the jobs be created for them as readily as for ablebodied workers.

As an example of the assurance of jobs through a practical public relations program I would point out the aid that has been given to the blind masseurs by the English who have taken a farseeing step in the vocational adjustment of that handicapped group. The hlind masseur encounters difficulties because of the usual mability of the layman to separate special capabilities from the idea of handicap in general The medical profession in England, through its cooperative support, is largely responsible for revealing the skill of the blind masseur to the public, and a livelihood in his chosen field has thus been opened to Before entrance is granted to the Dichholtz Institute of Massage and Physiotherapy for the Blind in London, the prospective blind masseur is required to furnish a consensus from at least six medical men in the district in which he hopes to practice that there is scope for the masseur in the locality and a promise that they will consider helping him by sending patients. Further, he is asked to produce some indication from the local authority of his area that it will use its influence to secure for him a hospital appointment. In England, blind masseurs may not advertise but in this connection the Association for Certificated Blind Masseurs is able to undertake suitable forms of advertising and to arrange for general publicity so as to keep the work of the blind masseur constantly before the medical profession and the general public. The Association has strong medical backing, and advertisements are inserted in medical and lay papers describing the qualifications of its members

A sound public relations program is of particular importance in the rehabilitation of the severely disabled. Such disabilities are often unhappily accompanied by some impairment of spirit. The expression, "Man does not live by bread alone," is particularly apposite in the case of the disabled individual and the more severe the disability, the greater the application. It is nor

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responsibility to use the facilities of public relations to educate the families of the severely disabled, the teachers, the foremen and the supervisors, and all others with whom they come in contact in their daily activities. Such education must reveal that in restoring morale, physical disability is at the same tuno more than proportionately overcome To whom falls this task of education? To the physician and the psychiatrist, to the churchman who provides a spiritual buovancy that minimizes the significance of physical and mental pain, to the mother, wife, friend, or guidance counselor who see in the rehabilitation of the spirit the foundation of the rehabilitation of the total personality Obtain the cooperation of physician and clergyman in the establish ment of a sound public relations program, emphasize adequately the importance of reconstitution of morale, and you begin to see the answer to the plaintive question of the severely disabled veteran, "What am I good for now?"

It is through a unification of effort resulting from the cooperation of all groups concerned with total rehabilitation—physical rehabilitation, mental, social, vocational and economic, in a word, rehabilitation of the total personality—that such a public relations program can be effectively pursued

The increasing national dependence on the facilities and programs of welfare agencies for the landicapped presents an extraordinary challenge to such agencies, whether they will break with tradition where socially necessary will indicate their ability to properly act in behalf of the handicapped. They must constructively aid in the proper reintegration of the handicapped into the nation's economy through the pooling of their scientific knowledge. Promises to returning veterans must be revealed as more than empty protests of obligation.

If rehabilitation of the handicapped is a sound social investment, we who today are concerned with this vital social problem must be alert in the nature and trend of our vocational training programs, we must reach the individual, the community, and the nation through the time-proved efficacy of education through public relations and we must proceed with an assurance that can rise only from a philosophy of cooperative endeavor.

# AN EVALUATION OF ECTOPIC PREGNANCY WITH SELECTIVE DATA FROM 127 CONSECUTIVE CASES

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In THE past few years an extensive literature has been devoted to the subject of ectopic pregnancy. A further evaluation of this subject, its causative factors, clinical manifestations, diagnosis, treatment, and subsequent fertility is necessary because its variable clinical aspects in many instances present difficulties in its recognition. Various studies<sup>1,2</sup> give the incidence of incorrect diagnosis ranging from 15 per cent to 40 per cent, with a mortality rate of 70 per cent to 80 per cent in cases in which there is no intervention and a 3 per cent to 5 per cent death rate in which operation is performed too late.

The material for this study consists of 127 consecutive cases of ectopic pregnancy admitted to the Unity Hospital from January, 1930, to January, 1945. All of these cases were proved extrauterine pregnancies by operation, autopsy, and/or tissue study. Cases here reported were treated by members of the gynecologic and surgical staffs on the hospital service.

The cases reported here occurred among 5,568 gynecologic admissions, representing an incidence of 2 3 per cent. Thirteen thousand five hundred and fifty-two deliveries occurred during this period, 401 of which were stillbirths (incidence of 29 6 per 1,000 births). There were also 1,424 abortions and miscarriages under twenty weeks (an incidence of 105 per 1,000 births), giving an incidence of one ectopic pregnancy to 117 9 pregnancies or 8.2 per 1,000 pregnancies. The true percentage ratio of ectopic to normal pregnancies and abortions, however, cannot be obtained, for while most patients with ectopic pregnancies are hospitalized, many with abortions are not

The largest number of cases were noted in the age group between 21 and 30 years (72 cases, 5 per cent) There were 6 patients under 20 years (5 per cent), the youngest being 17, 44 patients (34 per cent) were between 31 and 40 years and 5 patients were over 40 years, the oldest being 43 years

## History of Previous Pregnancies Prior to Ectopic Gestation

In 31 cases (24 5 per cent), the ectopic pregnancy was the first pregnancy, in 43 cases (33 9 per cent) there had been one preceding pregnancy, in 34 cases (26 8 per cent) there had been two previous pregnancies, and in 19 cases (14.8)

per cent) there had been from three to six pregnancies. The incidence of ectopic pregnancy seems to be considerably lower in the nullipara than in the group in which the patients have been pregnant once or twice before. The sequelae of abortion and curettage contribute to the incidence of ectopic gestation. Thirty-eight patients (30 per cent) had conceived but had not continued to term, 34 having terminated in abortions and 4 (35 per cent) in ectopic gestation, one patient having had six previous induced abortions.

The cases of repeated ectopic pregnancies occurred 2 at two years, 1 at three, and 1 eight years previously. This probably indicates that the factors that produce the ectopic pregnancy are present in both tubes and in many instances peritoneal adhesions or chronic salpingitis can be demonstrated at the first operation. But since tubal gestation is most prevalent during the reproductive age and the desire for future child-bearing in these cases is almost always present, one should hesitate in the removal of the other tube even though there may be the potential risk of the occurrence of a second ectopic pregnancy.

It is difficult to draw any definite conclusions from the marital status in cases of ectopic preg-One fact, however, seems significant, that despite the high degree of fertility in women in whom ectopic pregnancy developed, a relatively sterile period of three years or more preceded the abnormal pregnancy in more than twothirds of the cases studied In one instance, however, ectopic pregnancy had occurred as early as five months after delivery of a normal child and in another instance as late as after eighteen years of infertility To be sure, the question always arises as to whether the causative factor in many of these instances of relative or acquired infertility may not have been due to endocrine imbalance, infection, contraception, or lowered fertility index of one or both partners following the previous pregnancies

Etrology—Many theories have been advanced to explain the genesis of ectopic gestation. A discussion of these is beyond the scope of this paper. From accumulated data, 4 however, it seems that they are closely associated with one another, the ovum may develop its capacity for implantation before it reaches the uterus, and hence it is

too large for passage through the tube, or there may be a disturbance in the transportation of the fertilized ovum, congenital or acquired, trophic or mechanical in origin. Typical decidual reaction in the capsule of the ectopic pregnancy was found in 14 cases in this series, appearing in proportion to the response to the number and condition of chorionic villi present. Whether or not such ectopic decidua is hoteroplastic, as described by Marchotti, for true endometrial stroma cella—endometrioss—is biologic and academic and not of clinical importance.

The infectious cause and its residua produced the largest percentage of extrauterine pregnations. Salpingitis was found in 28 cases (23 per cent), a history of one or more abortions in 34 cases (27 per cent), of postpartum lafection in 3 cases (2 per cent), of appendectomies in 16 cases (12 per cent), of pertonitis in 2 cases, of ophorectomies in 4 cases (3 per cent), and of previous abdominal operations of an unknown nature in 9 cases (7 per cent).

Three cases (2 per cent) of ectople gestation one of which was recurrent, occurred in this series, following tubal insufflation to overcome a

partially occluded or stenotic tube

Symptomology —The symptomatology in cases of ectopic pregnatory is variable and is dependent upon the time when the case is first seen. The two most common complaints in this series were

abdominal pain and vaginal bleeding

Pain—Every adjective descriptive of pain had been used by the patients in this series, from one of being dull, colleky and intermittent, to an acute, sudden, sharp, severe, persistent, agonizing pain which forced the patient to immediately suspend all activities. This pain was in Instances diffuse and/or generalized in distribution, localized in the hypogastrum, epigastrum, para-umbilical regions and radiated to the shoulder, back of thighs, hiadder, and rectum

In 114 cases (89 per cent) the first complaint The character of the pain was abdominai pain varied according to the pathologic process pres-In 56 cases (44 per cent), the onset was acute, sudden, severe, and perastent-in several instances accompanied with a desire to deferatewhich was indicative of tubal rupture. In 46 cases (40 per cent) It was moderate, and in 14 cases (11 per cent), intermittent and colicky, resembling the pain in uterine abortion the latter were unruptured ectopic pregnancies, the pain in these cases, however, being described as a soreness in the pelvis. Intermittent vaganal spotting of a "muddy" color was seen in all 14 cases, in 5 in which there was no history of a missed period, the spotting occurred two to four weeks after the last regular menstrual period

Shoulder pain was reported by 16 patients

Sovere bladder and rectal pain with radiation to the thighs was noted in four instances

Vaginal Bleeding—Vaginal bleeding of an anomalous or atypical nature was seen in 110 cases (87 per cent) and was described as profits, brownish spotting, and/or mixed with clota These may be grouped as follows

1 Menses occurring at normal time but pro-

longed, 39 cases (31 per cent)

- 2 Menses occurring at normal time but diminished flow, described as spotting in 23 cases (18 per cent)
- 3 Menses delayed for reveral days to several weeks, 48 cases (38 per cent)
- 4 No bleeding until the onset of symptoms, 17 cases (13 per cent)

In the first two groups the analysis may be inconclusive, for not infrequently these were the patient's interpretation of "never having missed a pened". A painstaking menstrual history is imperative for Frankel's dictum of "the only regularity of a woman's menstrual period is its irregularity" is well illustrated here.

There was a significant difference in the dura tion of amenorrhen in relation to the site of ectopic gestation in this series in ruptured ectopic, 33.5 days, in tubal abortion, 41.2 days, and in unruptured ectopic, 53 7 days with one case of combined intrauterine (missed abortion) and abdominal pregnancy (fetus about five months) of an amenorrhea of ten months' duration death of the embryo and other hormonal changes associated with it cause the vaginal bleeding in ectopic pregnancy This irregular bleeding with partial or delayed necrosis or involution and desquamation of the uterme decidua is due to 15chemia produced by physiologic vascular constriction of the circular arterioles in the mucous membrane of the nterus, in all respects similar to the bleeding and disposal mechanism of menstrus

Shock—The degree of shock is not always commensurate with the amount of hiesding. Somo women will have very little shock with severe ab dominal hleeding while others will react very acutely with collapse at relatively slight intraabdominal bleeding. Twenty-six patients (20 per cent) were admitted in shock or collapse while 69 (54 per cent) gave a history of faintness or syncope

Nausea and/or vomiting were present in 31 patients (24 per cent). In most instances it was associated with the sudden attacks, and in others it simulated morning suckness of pregnancy and was associated with breast pain. In one instance of combined intra- and extrauterine pregnancy, it was present for five months. In general, the concomitant symptoms of pregnancy are un reliable and infrequent in ectopic pregnancy with

the exception of the group of unruptured tubal, ovarian, or abdominal pregnancy where they may persist

Physical Findings - The physical findings varied with the type of ectopic gestation dominal tenderness was present in 122 cases (96 It was generalized in 66 cases (52 per per cent) cent), localized either to the left or right side in 56 cases (44 per cent) Rigidity was present in 23 cases (18 per cent), abdominal distention was present in 13 cases (10 per cent), and an abdominal mass was noted in 38 cases (30 per cent) A pelvic examination was carried out in all but one patient, who was in extremis on admission The two most constant findings were that of an exquisitely tender cervix and a tender palpable mass in either adnexal region or cul-de-sac cervix was noted to be soft in 26 cases (33 per cent), and tender on motion in 59 cases (47 per The uterus was enlarged and softer than normal in 42 cases (53 per cent)—one case being enlarged to the size of an eight-week gestation and another to a fourteen-week gestation eral, if the uterus is soft and enlarged and there are signs of tubal fetal death (as previously noted) one should suspect the presence of twin pregnancies—one in the uterus and the other in the tube Palpable tender adneyal masses were noted in 92 cases (72 per cent) and in the cul-de-sac in 17 cases (13 per cent), and combined adnexal and cul-de-sac in 12 cases (9 per cent)

Blood pressure recordings were significant only in those cases that were in collapse or in those cases in which progressive internal hemorrhage were suspected. In those patients with shock, the blood pressure was below 100. In one instance this was dramatically illustrated before and after pelvic examination. Blood pressure readings before examination were 134/70, and after examination, 60/0. The cause was tubal rupture and intra-abdominal hemorrhage. In the majority of cases, the blood pressure was well maintained.

Pulse and temperature recordings were concomitantly also related to type of ectopic gestation present. In most instances the pulse was rapid, over 120, and temperature subnormal in ruptured ectopic with severe intra-abdominal hemorrhage and collapse. This was followed by a rise to 100 to 101 F. In cases of tubal abortion the temperature was slightly elevated on admission and in unruptured ectopic pregnancy the temperature was normal.

Hematology—In general, due to the anemia present, the assistance offered by the blood examination in this series was not very helpful in differential diagnosis. In this series the leukocyte count varied from 6,000 to 24,500, the latter being in a case of severe intra-abdominal

hemorrhage The white blood count was lowest in the unruptured group. The red blood counts were below 2,000,000 in 4 cases (3 per cent) with ruptured tubal pregnancy, between 2,000,000 and 3,000,000 in 24 cases (19 per cent), and between 3,000,000 and 4,000,000 in 74 cases (58 per cent). Falling red blood counts and hemoglobin and an increase in white blood cells reflected progressive intra-abdominal bleeding.

Sedimentation Rate —This was increased in patients with ruptured ectopic and tubal abortions. It was normal or slightly elevated in the unruptured ectopic as might be expected as a result of pregnancy itself, rather than to the presence of infection in the tube. The elevated sedimentation rates in this series were not conclusive by themselves in evaluation of a differential diagnosis of an ectopic gestation from pelvic inflammatory disease or appendicitis.

Diagnosis — The Aschlim Zondek or Friedman test was done eigliteen times in this series positive twelve times and negative six times the positive cases the diagnoses were not made in 7 cases until the results were returned mission diagnoses in these cases were pelvic inflammatory disease in 3 cases, chronic appendicitis in 1 case, ovarian cyst in 1 case, pelvic abscess in 1 case, and incomplete infected abortion In those of the 6 negative reactions, 2 were diagnosed as ectopic gestations, 1 each as pelvic inflammatory disease—at operation 3 tubal abortion with organized mass in the culde-sac was found, fibromyomata of the uterus which at operation was found to be complicated by an organized interstitial pregnancy, left tuboovarian disease in 2 cases-1 of which was an isthmic rupture which was organized and adherent to the anterior abdominal wall and bladder, and the other, a hematocele in the broad ligament resulting from a tubal isthmic rupture doubtful cases the biologic test is indispensable Excluding abortions and normal uterine pregnancy, a positive test means ectopic pregnancy This was best illustrated in 1 case in which the test was positive in a combined intrauterine pregnancy which became a missed abortion (fibrous placenta tissue found on curettage), and an intra-abdominal extrauterine gestation of five months' duration, in which, although the fetus was not viable, some of its elements must have been

Curettage has a limited but selective value in diagnosis of ectopic gestation. It was performed in 21 cases (17 per cent) prior to operation in this series. Histologic examination of the currettings in 14 cases (67 per cent) showed decidual reaction, fibrosis of the placenta in 1, proliferative endometrium in 2, hyperplasia of the endometrium in 1, and insufficient tissue for diagnosis

in 3 In 3 cases in which the Friedman tests were positive, the curettings showed proliferative endometrium in 1, hyperplastic endometrium in 1, and decidual reaction in 1

As mentioned earlier in this report, physiologically we find a decidual reaction of the endometrium in extrauterine pregnancy analogous to the decidual transformation of the endometrium in intrinterine pregnancy. This decidua is east off as soon as contact between placenta and maternal tissue is severed—as soon as the ovum dies. Curettage is of value in differentiating extrauterine pregnancy from incomplete abortion, for the findings of uterine decidua and no fetal or maternal elements of conception will distinguish it from an intriuterine gestation.

Although the curettage may not show decidual reaction, viable tissuo may still be present in the tube or ebdomen, which will give a positive Friedman reaction. The absence of decidual reaction in the curettings may also be explained on the basis that efter the death of the embryo, and the subsequent gradual but complete disintegration and casting off of the decidua, there is a return of endometrial prohieration. One must remember, however, that the choriouc villi cannot always be demonstrated by the pathologist from the tissue that may be submitted for histologic examination the curettage may not have been complete and the placenta ate mussed viously, the picture as a whole should be taken into consideration in arriving at a diagnosis in these questionable cases. For example, there are those findings and pelvic aigns in cases of persistent corpus luteum cysts, 1 e , a deciduallike reaction in the endometrium, a false positive Friedman test, a tender adnexal mass, and, not infrequently, intermittent vaginal spotting which mimic unruptured tubal pregnancy or tubal abor-

In this series of 127 ectopic pregnancles there were 34 cases (27 per cent) that were incorrectly diagnosed This figure does not include conditions diagnosed as ectopic pregnancy and found not to be so. Incorrect diagnosis in which ectopic pregnancy was found at operation included the following 12 cases of pelvic inflammators disease including acute salpingitis, 6 cases of ovarian cysts including 2 cases diagnosed as ruptured follicular cysts, 3 cases of acute appendica tis. 2 cases of left tubo-ovarian disease, 2 cases of incomplete abortion (one missed), I case of each of the following infected abortion, chronic appendicitis, pelvic abscess, prolapsed ovary, fibromyoma uterus, fibromyoma with intrautenne pregnancy, intrauterine pregnancy, paralytic llius with peritonitis, postoperative adhesions Seventy-one cases (56 per cent) in this series showed the classical picture of ectopic pregnancy, 70 of which were operated upon within twenty four hours Eight cases (11 per cent) were incorrectly diagnosed preoperatively

One patient died prior to operation, having been admitted in extremis with subsequent autors, showing five quarts of free blood in the abdominal cavity. A fetus at three months with the cord attached to the placenta which camo from a rent in the distel end of the right tube was found. The tube was the size of an orange and surrounded by organized clots. The pouch of Douglas was filled with blood and organized clots which had to be dissected from around the uterus. The placenta was attached firmly to the mucosa of the right tube.

It is the obscure case that furnishes a difficult problem as is evidenced by the aforementioned types of cases that ectopic pregnancy can simulate. In such cases the symptoms may be so mild, the complaints so bisaire, and the physical diagnosis so vague that accessory diagnostic refinements are indicated to assist in making a correct diagnosis. In this category there were 17 cases (13 per cent) which were operated upon twenty-four to forty-eight hours after edimical with an incorrect propersitive diagnosis in 5 (29 per cent), and in a group of 39 cases (31 per cent) which were operated upon from twenty-four hours and later, there were 21 cases (54 per cent) incorrectly diagnosed preoperatively

Aspirations of cull-de-eac for diagnosis were done in 7 of these cases in which blood was aspirated and haparotomy immediately performed No harmful effects were seen from this procedure A ruptured foliclo may simulate ruptured ectopic, for in both instances blood is aspirated from the posterior cull-de-sac.

Operative Findings - Regarding the site of the ectopic pregnancy, 61 cases (48 per cent) could be classified as tubal ruptures, either at the 1sthmus or ampulla, and 44 (35 per cent) as tubal There were 17 (13 per cent) unrupabortions tured tubal pregnancies, one of which was bilateral, one cornual (left), two interstitial and one combined (uterine and abdominal), one hematocele in the left broad ligament. The latter two were classified as such, but not proved There were no ovarian pregnancies The final location of the ectopic gestation may not be the original point of nidation and it is not always posaible to determine it

It is a generally accepted theory that because of the frequency of appendicuts being associated with perisalpingitis and adhesions ectopic gestation is more common on the right side than the left. The data in this series were not significant for there were recorded 61 cases (48 per cent) occurring on the right side and 57 (45 per cent) on the left side.

The appendix was removed in 36 cases (28 per cent) in this series. We do not recommend concomitant elective operations with patients in shock, hemorrhage, or suspected infections. Blood in the peritoneal cavity acts as a good culture medium for Bacillus coli. We can reasonably attribute two surgical deaths in this series to removal of the appendix with subsequent peritonitis.

However, these mortalities occurred prior to the use of the sulfa drugs, the use of which might have changed the ultimate results in these two Wherever possible, conservatism should be practiced in operating upon patients with tubal rupture or abortion Abdominal elective operations may be recommended in unruptured tubal pregnancy It is good surgical practice to inspect the other tube, for occasionally a simultaneous tubal pregnancy may occur in that tube, as happened in 1 case in this series General anesthesia is the anesthetic of choice, spinal anesthesia is recommended only for patients operated upon before rupture occurs and in those cases having arterial pressure appropriate for this type of anesthesia. In 81 cases (64 per cent) in this series, gas, oxygen, and ether were the anesthetics used, in 42 cases (33 per cent) spinal, in 2, cyclopropane, and in 1, local novocame infiltration

Transfusions - Experience over a period of years has taught us that exanguinated patients are bad risks whether operated upon or not With severe hemorrhage, there is no marked transition between the state of peritoneal shock and the pieture of internal continuous hemorrhage If allowed to continue, a state of irreversible shock occurs It is our opinion that a large number of patients can be saved if a prompt and massive transfusion of blood plasma or whole blood were available for them Of course, the time to transfuse must be dependent upon the patient's condition In its use, one should not wait too long in the hope that the gravity of the condition is due entirely to shock, instead, a massive transfusion should be given and the patient operated upon immediately because the condition will not improve until the bleeding vessels are ligated Plasma should be used prior to operation until blood is obtained In this series 41 patients (32 per eent) were transfused, the average blood transfused was 500 ce, the largest amount was 1,500 ce Autohemoclysis was done in 2 cases early in this series With plasma and/or blood now available at most hospitals, this procedure is now not necessary

Mortality —There were five deaths (39 per cent) in this series, one having died prior to operation with a surgical mortality of 31 per cent. There were no deaths in this series since 1936

#### Case Reports

Case 1—(18611) The patient was a white female, age 33, with a history of pain in the precordial region and abdomen and vaginal bleeding for four days prier to admission. On the day of admission she had severe abdominal pain and fainted. Menses occurring every twenty-eight days on the fourtcenth, lasted four days. The last menses occurred November 16, 1930, and she was admitted January 2, 1931. She was a widow, had no abortions, miscarriages, or full term pregnancies, but had an ectopic pregnancy two years prior to admission. She had had rheumatic heart disease and ankle edema for eight years.

Examination —The patient was admitted in shock, with a temperature of 100, pulse, 140, and bleed pressure, 90/60 The abdomen was tense vaginal examination revealed a very hard, tender mass in the posterior cul-de-sac. The cervix was tender on motion The uterus and adaeva were not palpable A diagnosis of a ruptured ectopic (left) pregnancy and endocarditis was made The patient died twenty-eight hours after admission and tweaty-A local infiltration aafour hours after operation esthema was used, and a transfusion of 550 cc whole The operation revealed massive abblood given dominal hemorrhage, a right salpingectomy was The patient was a poor risk, both medically

and surgically

Case 2—(23079) A colored female, age 29, had a history of vomiting and abdominal pain for fortyeight hours prior to admission Menses occurred

on the fourteenth, at an irregular interval of twentyone to thirty-five days, and a duration of four days, one month amenorrhea occurred She had been married two years, with no pregnancy A previous operation was performed at age 20, the nature of which was unknown Examination revealed the abdomen to be distended and tympanitic with tenderness over the entire lower portion A well-healed midline scar was evident nal examination showed a tender cervi, but ne masses were palpable on account of distention temperature was 102, pulse 118, respiration, 30 The red blood count was 3,290,000, white bleod count, 10,000, and hemoglobin, 65 per cent Wassermann test was 4 plus Vaginal and urethral She had a sedimentation smear were negative rate of 18 mm in thirty minutes A diagnosis of toxic paralytic ilius with postoperative adhesions was Operative findings were of adherent left ruptured ectopic pregnancy There were adhesions of small and large intestines and omentum to the anterior abdominal wall. A left salpingectomy, separation of adhesions, and appendectomy were She died four days postoperatively ef performed

peritonitis

Case 3—(30026) The patient was admitted with a history of vaginal bleeding and pain on left side of the abdomen for two months prior to admission. She had no missed periods, but bled intermittently with pelvic cramps for two weeks after last menstruation. She was para II and gravid II. Her blood pressure was 132/70. The abdomen was not distended, but tender throughout the lower pelvis. A vaginal examination revealed a mass in

the left forms with n tender cervix. Hemoglobin was 80 per cent, red blood count 3 810,000, white blood count 12 000 sedimentation rate, 30 mm. in one hour, temperature 90 and pulse 110. A dlag nosis of a ruptured left ectopic was made. Operation revealed free blood in abdominal cavity in ruptured left ectopic, and left cystic ovary with corpus luteum of pregnancy. Left salpingectomy cophorectomy, and appendectomy were done. A pathologic report of ectopic gestation corpus luteum cyst, and chrome appendix with an early oxudative inflammation was made. No transfusions were given. The patient died forty-eight hours after operation from portenitis.

Case 4—(32497) Denth prior to operation occurred in a colored female age 32 single admitted in extremis having had abdominal pain at home for one month with intermittent vaginal bleeding Amenorrhea of twelve weeks was reported. She died within six hours after admission. Autopsy findings were as previously described in text

Case 6—(37422) The patient was admitted in shock, and operated upon within five hours after admission. Sile had severe abdominal pain with vomiting twenty four hours prior to admission. There was no vaginal bleeding, and no hastory of nussed period or previous pregnancies. Her hicod pressure was 88/40 temperature 98 and pulse 140 On operation massive abdominal hemorrhage and left cornual rupture were found Left salpingo-ophorectomy and excision of cornua of uterus wore performed. Ether anesthesis was need but no transfusion was given She died thirty hours postoperatively of shock.

### Fertility and Sterility Following Ectopic Pregnancy

Statustics' from various chaics indicate that among women who have one tube and overy removed because of ectopic gestation (that is, in whom there is a theoretic possibility of future conception), about 35 per cent subsequently became pregnant, of these 10 to 15 per cent have another ectopic pregnancy. Stated differently, among one hundred women who have had one tube and overy removed because of ectopic gestation, about sixty-five women would not conceive at all, about thirty women would become pregnant with normal intrauterine pregnances, while four or five would experience another estable pregnancy.

In order to evaluate the fertility and sterility ratios following this series of ectopic pregnancy, we divided this group of cases into those that were sterile after operation and those which still had possibilities of subsequently becoming pregnant.

There were 35 patients (28 per cent) that could not become pregnant for the following various reasons (a) death—5 cases, (b) recurrent ectopic pregnancies—4 cases, (c) hysterectomy—4 cases, (d) bilateral salpingoctomy—10 cases,

and (e) occluded remaining tube as evidenced by tubal insufflation—3 cases

Bilateral salpingectomies were done in these instances because the opposite tube was macroscopically highly disorganized and pathologic and would be prone to recurrent ectopic gestation Statistical data! indicate that repeated ectopic gestations occur in 3.9 per cent of cases and that the mortality rate in these cases is higher than in the primary ectopic pregnancy. In Torre's series, the mortality rate from primary ectopics was 2.40 per cent, whereas for recurrent ectopics it was 4.54 per cent.

Three patients who had repeated tubal in sufflation following ectopic gestations, and who had previously been infertile for several years prior to this ectopic gestation were still infertile—the remaining tube being cocluded

In 00 cases (71 per cent), pregnancies were theoretically possible Follow-up letters were mailed to this group. Fifty-one patients an swered the questionnaire, sixteen were returned as having moved leaving no forwarding address. 1 patient had since died, and 42 patients (85 per cent) answered that menstruction had been normal In 7 (13 per cent) the menstrual history had been irregular Two patients never menstruated again after the operation because of menopause There were 19 (37 per cent) who answered that pregnancy had occurred, 32 (63 per cent) did not conceive and 6 (12 per cent) had used contracen-Of the 19, 1 concerved one year following operation. 3, two years following operation. 5, three years, 4, four years, 2, five years, 1, six years, 1, soven years, 1, eight years, and 1, eleven years

There were eleven full term pregnancies (58 per cent), 4 had two or more pregnancies, there were eight abortions (42 per cent) and one repeated ectopic pregnancy (6 per cent) This occurred eleven years after the first ectopic pregnancy Of the 10 who became pregnant, 4 received treatment for their infertility subsequent to their operations

Of course, one cannot tell whether the cause of the infertility in the group of 20 cases that did not conceive was voluntary, whether the remaining tube was closed, whether the patients were widowed or divorced, or their fertility index gonerally lowered. It is thus obvious that with a salvage of 10 pregnancies (37 per cent) in a series of 51 cases, good surgical judgment was used in not removing the remaining tube in these cases

The remaining tube in ectopic pregnancy, as a result of the massive hemorrhage and peritoneal irritation, may evidence an acute inflammatory reaction, which although usually resolving, may interfere with subsequent fertility by causing peritubal adhesions, endosalpinguis, or tubal

stenosis Hence, we suggest the use of tubal insufflation two months following ectopic gestation, so that any sequelae of the previous ectopic pregnancy which may be present to impede the ascent of the sperm and the descent of the ovum may be determined and possibly relieved

#### Summary and Conclusions

- 1 One hundred and twenty-seven cases of ectopic pregnancy are evaluated There was an incidence of 2 3 per cent ectopic pregnancy to gynecologic admissions, 8 1 per 1,000 pregnancies, or an incidence of one ectopic to 123 4 pregnancies occurred
- 2 Fifty-seven per cent of the cases occurred in the 21 to 30 years age group, the youngest being 17 years and the oldest, 43 years. A long period of sterility was not the rule in this series. Incidence of ectopic gestation was lower in the nulliparous (24.5 per cent) than in those that had children (75.5 per cent). Repeated abortions (29 per cent) increased greatly the incidence of ectopic pregnancy. Repeated ectopics occurred in 3.5 per cent of cases.
- 3 The average relative period of infertility of three years occurred in two-thirds of the cases prior to ectopic pregnancy. The earliest was five months after normal delivery. Infertility, however, may be due to such causative factors as endocrine, contraception, infections, or lowered fertility index of either partner.
- 4 The cause cannot always be determined in ectopic pregnancy, it may be ovular, disturbed transportation, or mechanical. It may be inflammatory as well as noninflammatory or congenital. The residua of pelvic inflammatory disease, appendicitis and other previous operations were factors in 78 per cent of cases.
- 5 Evidence of decidual reaction was noted histologically in 14 cases which may give further credence to the theory of the receptivity of tubal mucosa-ectopic decidua in ectopic pregnancy
- Symptomatology was variable and was dependent upon the time the case was first seen Abdominal pain, seen in 78 per cent of the cases, varied according to the pathologic process present Vaginal bleeding was atypical in 87 per cent In 49 per cent of the cases there was no missed period, but it was prolonged and spotty In 38 per cent there was a history of delay, in 13 per cent none was reported until onset of the symptoms There was a significant difference in the duration of amenorrhea in relation to the site of ectopic gestation in this series In ruptured ectopic pregnancy it lasted 33 5 days, in tubal abortion, 41 2 days, in unruptured ectopic, 53 7 days
- 7 The degree of shock was not always commensurate with the amount of bleeding A his-

- tory of nausea and vomiting was not significant and was unreliable in the diagnosis of ectopic gestation
- 8 Physical findings varied with the type of ectopic gestation Abdominal tenderness occurred in 96 per cent of cases, tender cervix and palpable adnexal masses in 94 per cent
- 9 Blood examination was not conclusive in itself in evaluating a differential diagnosis of ectopic gestation, from pelvic inflammatory disease Erythrocyte sedimentation rate can be increased in pregnancy as well as pelvic inflammatory disease
- 10 The biologic test in this series was of definite value in those cases that were not emergencies and was of help in the differential diagnosis of the suspected case. It should be done more often, particularly when curettage shows a proliferative endometrium
- 11 Curettage has a selective but limited value in diagnosis The microscopic finding of a decidual reaction is not a positive indication of ectopic gestation and, conversely, its absence does not give proof of its presence. The finding of choriomic villi gives evidence of an intrauterine pregnancy.
- 12 Diagnosis was correct in 73 per cent of cases, incorrect in 27 per cent. With the exception of the catastrophic type, ectopic pregnancy simulates many pelvic disorders, the majority of which are pelvic inflammatory disease. Forty-eight per cent of the cases were tubal rupture, 35 per cent tubal abortion, and 13 per cent unruptured tubal pregnancy.
- 13 Mortality rate was 3 9 per cent with a surgical mortality of 3 per cent. This percentage could be improved upon by prompt conservative surgery, massive transfusions and postoperative supportive treatment which would miraculously transform a desperate case to one of a relatively smooth convalescence in a short period of time. Concomitant elective surgery should be done only in the absence of intra-abdominal hemorrhage, shock, and suspected infections. Five mortalities are reported, two can be attributed to peritonitis, two to shock and one non-operative, admitted in extremis.
- gestation 35 cases (29 per cent) were sterile after operation, the majority being due to bilateral salpingitis as a result of chronic pelvic inflammatory disease. In 90 cases (71 per cent) pregnancy was theoretically possible, 51 of these were contacted in the follow-up series—pregnancy occurred in 19 (37 per cent) in from one to eleven years. In this group there were eight abortions, and one recurrent ectopic pregnancy. Such a salvage of pregnancies seems to justify conservative surgical procedures in selected cases in

women of the childbearing age in order to preserve their fertility

In conclusion, one should be "ectopic minded" when given a history of pelvio pain, menstrual irregularity with a tender cervix, and an adnexal mass in a woman in the childbearing age. Once the possibility of its presence is suspected, the patient should be hospitalized and treatment in Hesitating decision in the treatment of ectopic gestation raises the mortality rate It is better to make the mistake of opening an abdomen of questionable early pelvic inflammators disease than to have a death from ruptured ectopic pregnancy The universal availability of plasma and the accessibility of blood banks should definitely reduce its mortality

The author wishes to thank his associate Harold Jacobs (MC) AUS for his assistance in the preparation of the atalistics to the rear 1910

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#### 'DOCTOR JONES SAYS-

These accidents-pedestrians being bit by automobiles—it made me think of the Inscription on a gravestone in a Glasgow cometery "Born by accident! Died by accident! Our being born—that was a matter beyond our control But whether we hat somobody with a car or get hit by one—while such an accident will happen occasionally even where reasonable care is being used by both parties, the great majority of 'em could be prevented

The automobile drivers—the way the law operates, it seems to put the burden of the responsibility on them and I s pose there's some justification for

that

They're driving a powerful piece of machinery that, in the hands of caroless or clumsy people can do a lot of damage

But I've wondered sometimes If that idea wasn't carried a little too far in some cases-further than the facts warrant May be it s a reaction from the old days when automobiles were new The people that drove horses or walked-they resented what they considered an encroachment on their right to the road.

The motorists in their linen dusters and goggles -they were kind of cocky-some of 'em tooted their horn a lot and all that It built up sort of a presudice that s tended to hang on.

At any rate there a another side to it And you know, it's funny how our point of view changes those of us that drive cars-depending on whether we're in the car or walking and dodging it. But I was reading that in Los Angeles they found that failure of podestrians to observe reasonable regulations for safe walking accounted for six out of every ten fatal aemdents in traffic. And the greatest single cause of these fatalities in one year was crossing in the middle of the block instead of the regular crossings And another interesting thing they found that the pedestrians that were hit in a large percentage of cases didn't drive cars themselves and weren't familiar with the mechanical limits tions.

So if it a true generally that carelessness on the part of pedestrians is responsible for the majority of this sort of accidents, then, certainly, they should be made to assume their share of the responsibility for avoiding 'em And where they rush in where angels fear to tread, I m not too sure they can qual-If y as angels in ease they're hit -Paul B Brooks M.D., in Health News, June 18, 1945

#### D D T STUDIED FOR OUTDOOR USE HERE

Extensive investigations are now being conducted to determine the benefits and possible hazards in volved in the contemplated use of the insecticide D D T on a large scale outdoors as part of a plan to control insect borno diseases

In the Pacific Theater DDT proved highly valuable in bringing insect-borne diseases under control. However DDT will not be employed indiscriminately in this country until more research work has been completed on the general biologic effects of this insecticide

Besides killing insects that carry diseases DDT may kill other insects that are beneficial-and thus affect the balance of nature which is important to agriculture and wild life In combat zones, where the health of the soldier was at stake, it was necessary to ignore these considerations but in the United States general outdoor applications will not be adopted until more is known about these biologic offects.

-Release from the Office of the Surgeon General, May 15, 1945

# PENICILLIN AND OTHER ANTIBIOTICS AS CHEMOTHERAPEUTIC AGENTS IN WOUND INFECTIONS

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LTHOUGH for several decades extensive A studies have been carried out in the search for effective antimicrobial agents of low toxicity. until recently only a limited number of compounds were found to be of chincal value 1935. Domagk's publication on prontosil opened a new phase in chemotherapy Since then various sulfonamide compounds have been successfully employed However, it soon became apparent that these agents have their limitations and are not effective against all micro-organisms Moreover, it is a recognized fact today that the sulfonamides are less potent in localized purulent lesions and that their activity may be reduced or nullified in the presence of peptone, tissue breakdown products, and notably of para-ammoben-It is for these reasons that the search for other chemotherapeutic agents was intensi-It is generally known that penicillin, discovered in 1929 by Alexander Fleming, was reinvestigated a decade later and found to be one of the most active and least toxic chemotherapeutic agents ever discovered But even penicillin has its limitations Other antibiotic agents of biologic origin have been studied during the last few years, thus commencing the investigation which had begun more than forty years ago. It is the purpose of this report to review the effects of penicilin and other antibiotic substances as chemotherapeutic agents in wound infections of animals and man, and to evaluate, as far as it is possible at the present time, the indications for and limitations of these agents

## The Antimicrobial Action of Penicillin in Vitro

Certain facts established by in vitro investigations and animal experiments may be presented first as the basis for a proper understanding of the treatment of wound infections in man

It is now well established that Penicilium notatum produces more than one antibiotic substance. Since most of the research and clinical investigation has been carried out with uncrystallized penicillin, the data presented in this communication refer to these preparations, unless specific mention is made to the contrary. The commercially available penicillin salts are more stable than was previously assumed. A solution of this compound can be stored in the refrigerator for several days without substantial loss in activity.

Susceptible and Insusceptible Micro-organisms -It has been established beyond doubt that penicillin is effective against certain species and markedly less effective or ineffective against In some instances, penicillin inhibits the growth of some groups or types and not of To illustrate this point, mention may be made of the fact that this drug is bacteriostatic against hemolytic streptococcus groups A, B, C, and groups E through N, but not against group According to Watson,1 certain differences in sensitivity may be noted among the various groups Group M strains are more sensitive than groups A, C, G, H, and L, and groups B, E, F, K, and N were less sensitive than the former These observations have clinical implications Moreover, various strains belonging to the same species may differ in their susceptibility to penicillin

For instance, Spink,2 Neter,3 Selbie, Simon, and McIntosh,4 and others have shown that some strains of staphylococci isolated from patients prior to penicillin therapy may be from two to more than ten times less susceptible than Gallardo5 tested the sensitivity to penicillin of bacteria isolated from infected wounds He found that of 85 strains of pathogenic staphylococci 129 per cent were naturally resistant, and 94 per cent acquired the resistance during the course of penicillin therapy The mechanism which is responsible for penicillin resistance is not known in detail, and the formation by microorganisms of penicillinase (an enzyme destroying penicillin) is not the sole operative factor Demerec6 presented evidence that the resistance to penicillin of staphylococcus is not induced by the action of the drug itself but originates through This problem deserves further inmutation vestigation and may become of great clinical significance in the future

Mode of Action of Penicillin —Although it is evident that penicillin inhibits the growth of susceptible micro-organisms, its action is more complicated than being simply bacteriostatic Recent investigations by Hirsch<sup>7</sup> show that penicillin produces a degenerative effect in growing and susceptible micro-organisms, resulting in bacteriostasis, death of the micro-organisms, and occasionally autolysis That this antibiotic agent is more than merely bacteriostatic, also is evidenced by the fact that spirochetes following exposure to penicillin quite rapidly lose their mo-

tility The same opinion has been expressed on the basis of in vitro experiments by Garrod \*

Effects of Environment on Pencullin Action—
It is generally stated that, in contradistinction
to the sulfonamides, tissue fluids, blood, pus, and
break-down products thereof have little, if any,
effect on the antibacterial activity of penicillin
Bigger, however, has shown that penicillin may
be inactivated by serum

It is a recognized fact that an increase in temperature markedly enhances the bacteriostation activity of sulfonamides. Garrod found that the antiataphy lococcal activity of penicillin is accelerated by increasing the temperature throughout the range of 4 to 42 C. On the other hand, it was observed at this laboratory that the bacteriostatic activity of this drug was not markedly enhanced when the curvronmental temperature was raised from 22 to 40 C. At any rate, it is evident from the in vitro experiments that penicillin is effective at temperatures higher than 37 C (as encountered in febrile conditions) and in lower temperatures (as in the skin and wounds)

Synergum of Penicillin and Other Drugs—Confirming Ungar'e original observation, Sochoo and Echnitzer demonstrated the synergistic action of penicillin and sulfapyridine in experimental streptococcal infections of white mice Further studies are definitely needed. There exists another possible approach toward increasing the antimerobial activity of penicillin. Smith and Livingston activity of penicillin. Smith and Livingston activity of penicillin combined with 1 per cent chlorophyll produced better results than either agent alone.

#### Penicillin and Other Antiblotics in Experimental Wound Infections

Although numerous antibiotic substances have been studied in the past, only n limited number have been found to have clinical possibilities, ie, marked antimicrobial activity in vivo and relatively low toxicity Ande from penicillin, tyrothricin, streptothricin, streptomycin, and pyocyanase have been used dinically Tyrothricin was obtained by Dubos from Bacillus brevis It is a mixture of gramicidin and tyrocidine Gramicidin exerts its activity mainly against gram positive coces, whereas tyrouidine is effective in vitro also against some gram-negative bacilli However, in vivo there is little or no effect upon the latter micro-organisms Streptothridin was obtained by Waksman from Actinomycea lavendulao It ects on both gram-negative and gram-Actinomyces griscus yields positive bacteria streptomycin This compound was obtained and studied by Waksman and found to act on gram negative and gram positive bacteria as well as on tubercle bacilli and certain actinomycetes

It seemed of interest to determine the relative

in vivo efficacy of some of these compounds. To this end, an investigation on the action of penicillin, tyrothricin, and etreptothricin upon a strain of Group A hemolytic streptococcus in artificial wounds of rabbits was carried out results, recorded in detail elsewhere,12 may be briefly summarised as follows. It was found that all three antibiotics reduced the number of bemolytic atreptococci in such wounds Penicillin sodium in solution was applied to the wounds, tyrothricin and streptothricin were used in powdered form It is interesting to note that n quantitative relationship exists between the amount of the drugs used and the results obtained cillin in amounts up to 5 units proved to be ineffective In amounts of 250 to 500 units it caused n reduction in the number of hemolytic streptococci in twenty three out of twenty-eight experiments, and in amounts of 5,000 units in all Tyrothricin and strepof thirteen experiments tothrein were equally effective under the conditions of these experiments. It was also observed that these antibiotics exerted far greater antistreptococcal activity than sulfathiasole As a matter of fact, tyrothricin and streptothrican proved to be 100 times more effective than eulfathiazole. This is also borne out by clinical observations.

Although only a few years have elapsed since penicillin was introduced into clinical medicine. many reports pertaining to its effectiveness have been published. The present war presented a unique, though tragic, opportunity for a study of the value of this drug in the treatment of wound infections. A summary of some of these reports on more than 3,000 cases is presented in Table 1 Many different types of lesions, including soft tissue wounds, compound fractures, burns, pyogenie dermatoses and others, were studied. It can be seen from the table that penicillin, used locally or systemically or by both routes, proved to be a very important adjunct to surgical treatment. In many instances it prevented infection or eliminated lt, it reduced the necessity for amputations in some cases, prevented sepsis, and invorably influenced the fatality rate. Some of the failures may be accounted for by madequate amounts of the antibiotic used or by the presence of penicilin-resistant micro-organisms As mentioned above, lower concentrations of penicillin proved to be less effective than higher concentrations in the treatment of experimental wounds infected with hemolytic streptococcus in rabbits Chinically, Grace and Bryson found that in some patients 4,000 units of penicillin per ml yielded better results than a preparation containing only 500 units per ml In one patient, observed by the author, the local administration of penicillin solution containing 250 units per ml.

TABLE I —Penicillin Prophylaxis and Therapy of Localized Infections

		enicilli\ Prophylaxis and		Mode of er Administration	
Author	Refer ence			es of Peniculin	Results
Fisher, A M	13	Wound infections, osteomy elitis, streptococcal throat infection and others	95	Locally	Good in 63% indefinite in 24%, poor in 13%
Bentley F H Thomson, S, Bingham A. K. Key J A, and Wostenholm M H	14	Compound fractures	62	Locally or locally and systemic- ally	Good in all but 2 cases
Bentley, F H, and Thomson, S	15	Battle wounds	61	Locally	26% only hecame infected as compared to 57% treated with
Jeffrey, J S	16	Wounds	100	Locally	sulfamilamide powder 50% were sterils compared to 17% treated with sulfamilamide
Bentley, F H Brown J J M	17 18	Wounds Soft tissue wounds	200 110	Locally Locally	powder 95% primary healing No failures 93% completely
		Large aeptio wounds	18	Locally	successful Only 3 failures attributed to
Jeffrey J S	19	Battle casualty fractures of femur	150	Systemically and locally	Prevented major infections but 25% showed signs of minor
Furlong, R., and Clark J M P	20	Open fractures of the femur	70	Systemically	infection  14% deaths compared to 8.5% in controls, 28% amputations compared to 8.5% in controls
McEwan, R. J B and Bickerton, J G	21	Casualty fractures of fe- mur	12	Systemically	only 3 cases showed persistent
Cutler E C, and Sandusky, W $R$	22	Wound infections	7	Locally and sys- temically	minor infection Pencillin failed to prevent the development of gas gangrene
D'Abreu, A. L. Litchfield, J. W., and Thomson, S.	23	War wounds of chest	64	Systemically and locally	in 5 cases  No denths as compared to 6 deaths in control series of 40
Cairns H	24	Head and spinal wounds	129	Locally	cases Fatal infection developed in only
Cutier E C, Morton P C, and Sandusky W R	25	Wounds of aerial warfare	68	Systemically and locally	Wound infection in 89% as compared to 86% of control
Rank, B K	26	Wound infections	25	Locally	group Bencficial results in 21 out of 25 cases Three failures due to secondary infection with gram
Florey H W and Cairns H Hirshfeld, J W., Pilling M A. Buggs C W and Abbott, W E	27 28	Recent soft tissue wounds Wounds	171 17	Locally Systemically	negative bacilli Only 7 failures Prevented loss of ekin grafts from infection
Bodenham, D C	29	Infected burns and surface	75	Locally	Favorable
Clark A. M., Colebrook, L. Gibson, T., and Thomson, M. L.	30	wounds Burns	54	Locally	Eliminated bemolytic strepto- cocci in 76% Healing usually
Florey M E, and Williams, R E. O		Hand infections	100	Locally	rapid Favorablo
Churchill, E D	32	Soft-part wounds			Entirely unnecessary as adjunct to surgery
Lyons C	33	Septic compound fractures	45	Systemically and locally	88% showed improvement
Grace, E J, and Bryson V	34	Local infection of bone and soft tissue	2	Locally	Favorable
Burns, B H, and Young R. H	35	Compound fractures	70	Systemically	Favorable, no deaths no ampu-
Bentley F H, and Thomson, S	36	Recent wound infections	255	Locally	tations, no apreading sepsis 25% infected as compared to 49% treated by operation only and 43% treated by operation
Templeton H J Clifton, C E and Seebert, V P	37	P3 ogenic dermatosis	34	Locally	and sulfanilamide powder Favorable
Edwards, H C	38	Combat wounds	234	Locally	89% of the wounds healed by
Brown J J M	39	Soft tissne wounds	721	Locally	first intention 914% auccessful Of 110 clean wounds thus treated, success was attained in 936% as compared to 62% of 71 wounds tention with sulfanismide
		Compound fractures	128	Locally and sys-	treated with sulfamismide Local installation is effective and
McEwan J B Bickerton J G, and Piloher M F	40	Compound fractures	64	temically Locally and aya- temically	economical  Systemic treatment good. Ten day oourse using 1,320 000 units yielded better results than five-day treatment (540,-
Bhatia D	41	Compound fractures of	70	Systemically and	(H)() min(e)
Craig et al	42	femur Infected wounds, hema- tomas, and bullet wounds	32	locally	14% deaths as compared to 86% of controls Failure in 2 cases only

failed to eliminate pathogenic staphylococci from a draining purulent lesion, nor did it result in clinical improvement Subsequent treatment with a preparation containing 1,000 units per ml yielded bacteriologic and clinical cure. It is also clear from some of these roports that penicillin is definitely superior to the sulfonamides.

Penucillin salts have been administered to wounds in various vehicles. The following preparations may be briefly mentioned.

Penicilin salt in physiologic saline solution
 The concentration of the drug ranges from 250 to

500 units per ml In certain cases, however, this

concentration seems to be inadequate

2 Pencallin-sulfonamide and pencallin-sulfuthrazole powder containing from 500 to 5,000 units of penicallin per Gm have been successfully used by British investigators

3 Calcium penicillin paste and penicillin cream containing from 100 to 250 units per ce and

Gm., respectively

4 Sodium penicillin powder is said to be irritating to wound surfaces, and consequently,

should not be employed

- 5 Sodrum pencillin-plasma containing from 10, 100 to 20,000 units per 0.2 Gm of dehydrated plasma has been recommended by Cutler and Sandusky. These authors reported that pencillin does not lose its potency when mixed with plasma. This observation, however, is somewhat contrary to the findings of Bigger who showed that serum inactivates poncillin
- 6 Penicillin-agar has been recommended and used successfully in the treatment of infected superficial wounds by Coles, Barker, Robertson and Cowan <sup>42</sup> These authors noted that the antibiotic readily diffuses through the agar and is relatively stable in this vehicle.

In summary, then, it can be said that penicillin is of mestimable value in the prevention and treatment of wound infections. It must be borne in mind, however, that this chemotherapouto agent has its limitations and that penicillin treatment cannot replace medical and surgical therapy.

#### Tyrothricin in the Treatment of Wound Infections in Man

Since 1942 several investigators have published their experience with tyrothricin or gramiedin in the treatment of localized infection. Generally speaking, the results have been favorable in properly selected cases. Rammelkampt' studied the effects of tyrothricin in 12 patients with sixteen localized ulcers. The amount of drug used in n single application varied from 1 to 100 mg. An alcohollo solution of the drug was used. In twelve of these ulcers, tyrothricin therapy re-

sulted in prompt sterilization. It is notoworthy that infections due to gram-negative bacteria or a mixture of gram negative and gram positive micro-organisms were resistant to this form of therapy. Of interest also is the observation that the staphylococcus present in the lesion of one of these patients became markedly resistant to this untiblotic during tyrothricin therapy.

An interesting study was reported by Francis<sup>4</sup> in the same year. This author observed a patient with a localized infection caused by hemolytic streptococcus. This strain proved to be suffonamide-resistant, and treatment with this group of drugs failed to eradicate the organism Local treatment with gramicidin, however, eliminated the streptococcus and made skin-grafting successful

Herrell has published several reports on the clinical use of tyrothricin In 1943\* he reported on 93 cases with infected ulcers and wounds. The results were good or excellent in 51 per cent, fairly good in 31 per cent, and poor in 18 per cent Some of these failures may be accounted for by inadequate docage

In July, 1944, Avale, Barker, and Herrell<sup>47</sup> published their expendence on the use of tyrothricin in the treatment of ulcers associated with peripheral vascular disease. Tyrothricin proved to be of definite value. The drug was suspended in distilled water and the concentration was 500 micrograms per ml.

In 1944 Rankin<sup>41</sup> reported observations on 6 patients with old chronic ulcers treated with tyrothriun. The drug proved to be of great value

in five instances

A preparation similar to gramicidin was isolated by the Russian investigators Gause and Brashnikova. This substance, referred to as Soviet gramicidin or gramicidin S, has been purified and crystallized Against staphylococci it is approximately four times more effective than tyrothrium. Its toxicity is similar to that of tyrothricin. The drug was used by the Soviet investigators in 573 patients. The suspension used contained between 400 and 800 milerograms per ml. The clinical results were favorable.

At the present time, it is not as yet possible to make any final statements concerning the valuo of other antibiotic agents, as, for instance, streptomycin and streptothricin, in the treatment of wound infections. It is clear that pencillin and tyrothricin are of inestimable help in the treatment of localized wound infections as an adjunct to medical and surgical therapy. Certain infections, however, caused by insusceptible micro-organisms, fail to respond to these drugs. An evaluation of other antibiotics of low toxicity and of a different spectrum of activity, is definitely needed, and it can be confidently ex-

6 180 (1944)

pected that these investigations will yield additional compounds of clinical merit

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#### FLUOROSCOPY OF METALS AN AID TO INDUSTRY

New developments in the fluoroscopic method for inspecting metallic parts should release appreciable quantities of x-ray film, now in short supply, the Office of Production Research and Development, War Production Board, announced on May 23

The research project for improving the fluoroscopic method was established at the California Institute of Technology, Pasadena, at the request of the aircraft industry, and was carried on under the direct supervision of Dr Maurice Nelles, chief consultant, Office of Production Research and Development

Three improvements in the fluoroscopic method now make this quick examination completely feasible. Briefly, these are (1) stronger, brighter radiation, (2) a new type of absorption cell, and (3) a new technic—swinging the x-ray tube back and forth to make the rays penetrate the metal at all angles.

angles
"The use of x-rays for the inspection of metallic parts, particularly casting and forgings," said Dr

Nelles, "has been common practice for many years In the past it has been necessary to utilize photographic film for recording images of defects since the screens and filters available for fluoroscopic inspection did not permit the observation of all the defects which would significantly affect the strength of the parts

During the war period the increased use of castings for aircraft construction required the use of tremendous amounts of photographic film and excessive numbers of technicians to photograph, develop and interpret the medians of photograph, de-

velop, and interpret the radiographs

The new fluoroscopic method has been compared
with the best of the older radiographic methods, by
installing the equipment in three different commercial radiographic laboratories

The shortage of x-ray film has accelerated efforts to substitute the improved fluoroscopic method of inspection of structural light alloy castings, particularly in the aircraft industry, the Office of Production and Research Development stated

## CRISIS IN ADDISON'S DISEASE PRECIPITATED BY ACUTE APPENDICITIS PINLIP LEAVITT, M D , Brooklyn, New York

In ADDISON'S disease, vomiting in diarrhea from whatever cause is likely to hring on a typical crisis through loss of chinnds and water <sup>1</sup>. The patient in the case to be presented vimited only in few times at the onset of her attack in acute appendicitia. Her crisis with frequent vimiting did not develop until her temperature reached a level of 102 F

Laipply<sup>3</sup> roports a death, four days after appendectors due to sudden cardae failure. This occurred despute the mplantation of a 150-mg, pellot in desexycorticosterono acetate two and a half months previously. The patient died suddenly, in contrast to the usual death caused by Addison's

disease, which is preceded by coma.

It has been pointed out that with an increased blood potassnum, which occurs often in Addison's disease the normal amplitude of the QR-S complex as compared to the T wave may be changed from a 3 1 ratio to a 1.5 1 ratio. The electrocardiogram of this patient showed a voltage of QR-S which was low—15 1

The dangers to be feared from overtreatment with desoxycorticosterone ocetate plus salt are edema, hyportension or cardiac enlargement. Even cardiac necrosis has been found of necropsy, due to excessive loss of petassium. The code-pressor test of Hines and Brown may anticipate the appearance of hypertension in those cases which are hyper reactive.

Rowntree and Snell, \* In a series of 33 cuses, showed that after a test meal 53 per cent of patients with Addison's disease did not have free hydrochloric and in their gastric juice. In 42 per cent of the cases there was a diminution of free hydrochloric acid (less than 20 units) Only 5 per cent were nor mal.

#### Case Report

S. R. 23 years old, married, nulliparous, was admutted to the Beth-El Hospital Brooklyn, on March 22 1945 with a nne-day history of abdom inal cramps, venniting and n rectal temperature of 101.5 F. There was muscle speam and robound tenderness in the right lower quadrant. Rectal examination was negative. Blood examination done before hospital admission showed a white blood count of 23 000, polymorphonuclears 63, staff celts, 11, lymphocytes 18, and monocytes, 8. A diagnosis of acute appendicitis probably retroevend was made because of the lack of tenderness on rectal examination. In the hospital another blood count confirmed the findings of the earlier examination

The diseased uppendix was removed that after moon, under spinal anesthesia. It was found to be retroceeal, very thick and abort. Because of the necessary dissection required in removing the appendix 36m sulfadiazine was spinisled at theopera tive ait and between the layers of the abdominal wall. The surgeon indeed 20,000 units of penicilling in the surgeon indeed to the surgeon intramuscularly and I dm in sulfadiazine mally, nvery four hours. The temperature remained between 102 F and 103

F, until March 25, 1945, when it gradually subsided to normal. Saline and glucose were given intravenously and hy clyms. All medication was then stopped, after a total of 425,000 units of penicillin and 18 Gm. of sulfadizine had been given.

Two urine examinations in the hospital were negative, and did not show sulfadiatino crystals. On March 26, 1945 a blood count revealed a red blood count of \_200,000 hemoglobin, 81 per cent white blood count if 0,900, polymorphonuclears, 64, moneytes, 2, staff cells, 6, segmented forms, 68, and lymphocytes, 33 The blood presure before operation was 98/68, at the end of the nporation it dropped to 80/60 The operation lasted fifty-five minutes.

Throughout her stay in the hospital she felt very weak, vomited several times daily, and had o very peculiar dusky color to her face, which was present only slightly before her illness. Her family had noted a gradual darkening of her skin for about a year. But the duskiness was deeper and different. There was no abdominal pain or distention. Her vomiting was apparently not due to the operative

procedure,

After two days at home with continued vomiting and persistent asthenia, she was re-examined. The history now revealed that she had been feeling weak and fired for about five years having received iron therapy which did not improve the arthenia. The patient never had tuberculosis but a maternal aunt had pulmonary tuberculosis. On examination, her blood pressure now was 70/50. The face presented a smoky hue, with many hlack freekles over the face thorax, and extremities. The tongue showed about twenty good-sazed pigmented spots diffusely distributed. There were areas of brownish pigmented spots along the gums, inside the llps, and on the buced mueous membrane opposite the molar teeth. There was a large black spot at the inner canthus of the loft eye. There was increased pigmentation around the corvax, ans, and perineum. The abdominal skin was pigmented, definitely outsided in a spice of the office of the programment of the adherive straps used after operation. The neerative scar was deeply pigmented.

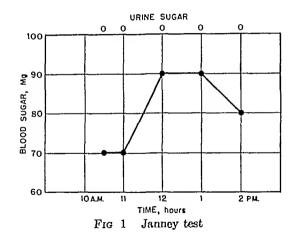
Her psyche was normal. When she finally had her next memes after the operation, it was delayed three weeks and much reduced in flow. Constipation was present. A tentitive diagnosis of Addison a disease was made, and because of her poor general condition, treatment was begun immediately with 3 cm of sodium choride given orally daily. A few days later after stopping salt therapy for a day, blood studies were started. The serum sodium was 129 milliequivalents per litt. and chlorides 420 mg, per 100 cc. A watter excretion test of Robinson, Power, and hopler was positive, i.e., the night urine specimen was greater than any forenoon specimen. Intranuecular injections of 5 mg, if desoxycerti-

Intransecular injections of 5 mg, of desoxycorticosterone sectate in oil were begun on April 19 1945 Improvement was immediate, the vomiting stopped, her appetite returned, and she began to feel stronger Before the illness her weight had been 133 pounds. It had later dropped to 111 pounds. With treatment it now climbod back to 125 pounds. The blood pressure became 110/70 The bowels now moved naturally, and the smoky hue of the face lessened, though the freekles remained.

At the end of the third week another water exerc-

1937

60



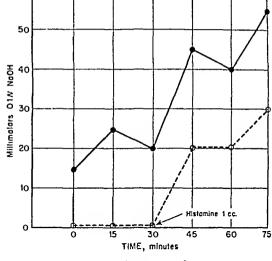


Fig 2 Gastric analysis

——, total acidity, --O--, free HCl

tion test was done. It showed a negative result, i.e., one of the forenoon urine specimens was greater in quantity than the night urine specimen. On May 14, 1945 edema of the face and ankles was noted, with the blood pressure still 110/70. The salt and desoxycorticosterone acetate were discontinued, and within two days the edema disappeared. The patient had apparently received overtreatment.

She was now admitted to the Mt Sinai Hospital, on Dr Baehr's service, for determination of her requirements of substitution therapy, with the ultimate view of implanting pellets of desoxycorticosterone acetate under the skin. On May 21, 1945 repeated blood chemistry studies showed 1445 milliequivalents of serum sodium per liter, chlorides 644 mg per 100 cc. The Wassermann test was negative. X-ray examination did not show any calcific deposits in the region of the adrenals, the thyroid was not enlarged, and the root of the pulmonary artery was prominent. The electrocardiogram showed a low voltage without myocardial damage. The ratio of the QR-S complex to the T wave was 151. The salt-deprivation test was not done because fatalities have been reported following its use 7. The Janney test showed a low sugartolerance curve (Fig. 1). The gastric analysis, taken during a bout of cramps and diarrhea, showed no free hydrochloric acid until histamine was injected, then the response was normal (Fig. 2).

Comment

This patient developed her Addisonian crisis at the height of her attack of appendicitis. Sulfadiazine was used at the operation and later without untoward effects. The infection in her appendix apparently precipitated the crisis, so that her complaints of several years' duration suddenly became understood as being due to Addison's disease

Since abdominal eramps and vomiting are frequent manifestations during Addison's disease, one must be careful in evaluating these symptoms before making a diagnosis of appendicitis and subjecting a patient to an unnecessary operation. It was unfortunate that the diagnosis was missed at the onset of her attack of appendicitis. In Addison's disease, an infection which is considered of

little importance may be followed by collapse and death within twenty-four hours 6

This young woman had a normal menstrual history until her attack of appendicuts, when the flow became delayed and scanty. This may have had nothing to do with the disturbance of the adrenal cortex, but simply to the occasional irregularity which may follow any operation. The next several menstruations were normal. It has been reported that some of these patients may lose pubic, axillary, and cutaneous hair, but such was not the case here

The increasing size of the heart may be the first warning of excessive use of sodium and desoxy-corticosterone acetate. In this case an x-ray showed the heart to be normal in size thirty-two days after institution of therapy.

According to Schneider, the water excretion test has a definite value in the diagnosis or exclusion of adrenal insufficiency, in the absence of renal disease, cachexia, and duodenal ulcer with pyloric obstruction. It has been considered of little value in determining response to treatment <sup>10</sup>. In some cases it has remained positive after intensive treatment. My patient did show a normal response to the water excretion test after three weeks of treatment.

Frequently there will be little or no free hydrochloric acid in the gastric juice, as was evidenced by this woman. During a crisis there is usually a further diminution. After the injection of histamine there was a normal excretion of free hydrochloric acid. This disturbance is probably hisked to the loss of electrolytes, or to some other factor which prevents the gastric glands from utilizing the chlorides. In favor of this view is the fact that after injection of histamine free hydrochloric acid did appear in the gastric juice.

I wish to thank Dr George Bachr for his permission to

present this case and also to thank Dr Samuel Lavine for his helpful suggestions

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(1611)

## POSTPARTUM INTESTINAL OBSTRUCTION DUE TO ADHESION BANDS

## A L HENKIN, M.D., Brooklyn, New York

WHILL intestinal obstruction immediately following labor is an extremely rare condition, during pregnancy this is not so unusual. Acute intestinal obstruction due to bands complicating pregnancy has been reported by F B Block and P M. Sales 1 A case of intestinal obstruction at seven months pregnancy due to extensivo peritoneal adhesions of obscure origin, was reported by P L. Hipsley \* Eighteen cases of volvulus com plicating pregnancy making a total number of 79 were reported in the literature by S G Kohn Henry A Briele, and L. H. Douglas 1

However, not a angle case of intestinal obstruction during the postpartum period was reported in the Quarterly Cumulative Index Medicus from

July, 1942 to June, 1944

Because of the ranty of this complication I thought it advisable to have on record the following CARA

#### Case Report

Mrs. F G aged 22, Para II gravida I, was admitted to Beth Moses Hospital on May 7, 1945 in Her previous history is irrelevant, except that she was always suffering from constipation which is suggestive in view of the findings at opera

When she was six months pregnant with her first child, three years ago, she had an attack of right-sided lower abdominal pain for which she was con-fined to bed. At that time a probable diagnosis of acuto appendicitis was made. She was treated with icebags on the abdomen and rest in bed after which she improved. She had an uneventful delivery at term and an uneventful postpartum course.

Following the birth of the first child she had several seizures of right-sided abdominal pain and was advised to have her appendix removed

The reported pregnancy was uneventful except for the attacks of pain in the lower right side of her abdomen, which would force her to stay in bed for one or two days Her date of confinement was due May 8.

On May 7 at 9:00 P u , the membranes ruptured spontaneously and pain started at 9 15 P u. A normal male child was born spontaneously at 11.30 Put There were no lacerations and a very slight amount of hleeding during the third stage of labor The patient was returned to bed in good condition.

About four hours later the patient began to com-

plain of abdominal pain in the right side. This pain increased in intensity and severity during the next forty-eight hours.

Her blood count showed hemoglobin, 12 5 Gm red blood count, 4,090,000, white blood count, 17,000, polymorphonuclears, 79 lymphocytes, 16, and monocytes, 5 Her blood pressure was 130/80, and her temperature was 99.8 F

On examination the patient appeared to be suffering extreme pain. The fundus uters was one such below the umhilicus. There was tenderness in the lower shdomen, more marked on the right side. There was also considerable rebound tenderness on the right side Pressure on the uterus towards the right and then sudden release caused aggravation of the pain.

In view of her history of previous attacks a diagnosis of acute exacerbation of chronic appendicitis was made and the patient was taken to the operating

Under spinal anesthesia of 150 mg of procaine a low right rectus incision was made, the peritoneal cavity was opened. There was a free cloudy fluid in the abdomen which was aspirated and later found to be sterile. The uterus and adnexa were normal A markedly distended and congested occum pre-sented itself. It was found to be rotated on its long axis and pulled up and to the right hy a thick. edematous fically band which was adherent to the right lateral wall of the abdomen The appendix was found retroeceal, apparently normal about 4 cm. long running up in the direction of the right kidney Tho meso-appendix was thick and short so that ligation was extremely difficult. The band was cut thus releasing the cecum. The appendix was removed in the usual manner and the stump invorted. The abdomen was closed in layers with out drainage and the patient was returned to bed in good condition. The postoperative course was un eventful and the patient was discharged from the hospital nino days later

Pathologic Report -Leukocytic infiltration of the

appendix.

Diagnosis — Chronic appendicitis.

In case of pain in the lower abdomen following delivery it would be most natural to think of an four or more hours later. The appendix is accused, quite rightly in many cases, as it was in this par-ticular case. This case however calls attention to the possibility of intestinal obstruction as a probable cause to be considered although an extremely rare

The findings in this case on the operating table would suggest a congenital malformation, namely, Pregnancy caused the an undescended cecum bands to be put on the stretch, thus explaining the pain during pregnancy Sudden release after birth of the child caused torsion of the cecum by the bands with resultant partial obstruction

20 Plaza Street Brooklyn

#### References

1 Block, F B, and Sales, P M Am J Obst. & Gynec 46 134 (July) 1943
2 Hipsley, P L M J Australia 1 680 (June) 1942
3 Kohn, L. G, Brieie, Henry A., and Douglas, L H Am. J Obst & Gynec 48 398 (Sept) 1944

## EPIDEMIC KERATOCONJUNCTIVITIS CURED THROUGH THE COMBINATION OF PENICILLIN AND SULFASUXIDINE

Max Jacobson, M.D., and Norbert W. Levin, M.D., New York City

THE following observations are being published for two reasons (1) because up to date no satisfactory therapeutic results can be obtained in epidemic keratoconjunctivitis, and (2) for the importance of the synergistic effect of sulfasuxidine and penicillin in a case of a virus infection in which the therapeutic effect can be clinically evaluated

It is not the intention of the authors to go into detail about the rationale of the therapy The sulfasuxidine was deliberately chosen for its possible neutralizing effect on any virus present in the intestinal tract The penicillin was chosen for its intracellular penetration The fact that penicillin, local or general, so far had mot with no success with this type of infection did not discourage the attempt to make use of the known synergistic effect of penicilin and sulfa drugs This publication is intended to encourage other research workers to check the above-mentioned findings in a disease, which at times has seriously hampered the war effort

Although we did not deal with a fresh case it is obvious from the case history mentioned below that it had all the earmarks of a very active virus infection.

#### Case Report

The patient, 44 years of age, contracted a severe case of epidemic keratoconjunctivitis upon his departure from the Far East a month prior to his arrival in the United States This diagnosis was confirmed during a short stay in Cairo (Egypt) He was seen by a major New York clinic where the same diagnosis was made Sulfa drops did not improve his condition. There was an increase of complaints of symptoms during reading, and finally,

a complete mability to work.

Findings of Each Eye—Epiphora, blcpharospasm, and slight swelling of the lids were present, but no discharge He had hyperemia of the con-junctival blood vessels The conjunctivae palpebrae, especially the conjunctivae of the lower lids, were highly hyperemic Numerous medium-sized oval follicles were visible in the conjunctivae of the lower lids, and a few follicles were also present in the retrotarsal fold of the conjunctive of the upper lids All over both corneas there were numerous opacities, about 1/2 mm in diameter, of grayish-whitish

color, circular and sharply defined, located just beneath the epithelium. Here and there the epithelium over the surface was slightly raised but it did not stain with fluorescein. Dots of this type are most numerous in the pupillary area. The foregoing findings confirmed the diagnosis of epidemic keratoconjunctivitis

The patient was under constant observation dur-ing the period of the treatment. The first two days there was hardly any change in the condition of the eyes but the patient claimed that he felt relieved, already being able to open the eyes more freely and not being disturbed so much any more by light On the third day the hyperemia of the conjunctivae was markedly less, the burning, tearing, photo-phobia, and the swelling of the lids started to subside

On the fourth day the patient felt subjectively I right The before-mentioned symptoms were almost gone, the conjunctivae of the bulbi did not show any signs of hyperemia, the conjunctivae of the lids were still somewhat hyperemic, and the follicles were markedly less. The patient was dismissed on the sixth day Burning, tearing, photophobia, and the swelling of the lids were gone, the conjunctivae had a normal appearance, but the corneal opacities remained unchanged. His vision

corneal opacities remained unchanged His vision was right eye 20/20, left eye 20/40

Therapy—The patient received during sixty hours 30,000 units every three hours During the second half of the treatment a solution of penicillin in human plasma was omployed. For the first two days three times three sulfasuxidine tablets and for the rest of his treatment four times three tablets were given

## Summary

A three-month-old case of opidemic keratoconjunctivitis with marked hyperemia of the con-Junctivae palpebrae and bulbi tearing, photophobia, and opacities of the cornea is discussed. The patient showed remarkably fast response to combined sulfasuxidine and penicillin.

At the time of the publication of this article the patient had been seen by the aforementioned hospital and considered as cured. In spite of a slight cold there was no relapse of the local condition The patient can be considered as thoroughly cured

155 East Seventy-Second Street

## Thirty-Ninth Annual Meetings

of the

## District Branches

of the

## Medical Society of the State of New York

#### PROGRAMS\*

#### Third District Branch

Thursday, September 20, 1945 Aurania Club Albany New York

Morning Session

10 00 A.M.—Motion pictures on war medicine
'The Problem of Sulfa and Peniciliin

Fastness' Maurice L. Tainter, M.D., Albany Director of Research Winthrop Chemical Company

1 00 P.M -Dinner

Afternoon Session 2 00 r u —Address by Edward R. Cunniffe, M.D.
Bronx, President of the Medical
Society of the State of New York
"Early Diagnosis of Malignant Discases of the Stomach" (F. P. Brock)

eases of the Stomach.

Albert F. R. Andresen, M. D. Brook
lyn, professor of clinical medicine,
Long Island College of Medicine

"Management of Virus or Atypical
Pneumonia!

David K. Miller, M D. Buffalo pro-feesor of medicine, University of Buffalo School of Medicine Discussion of problems of tropical dis-

Schobarie eases in returned military per-Bullivan connel Ulster

George C Shattuck, M D , Boston, clinical professor of tropical medi-cine, Harvard Medical School

#### Officers-Third District Branch

President John L. Edwards, M.D.

Hndson First Vice-President Frederic Holcomb.

M.D , Kingston Golembe, Harry ( Second Vice-President M.D.,

Secretary William C Rausch, M.D. Albany Treasurer

William M Rapp MD., Catakill

Presidents of Component County Societies

Albany Columbia Greens Rensselaer

Arthur J Wallingford, M D , Albany John W Mambert M.D, Hndson Edwin G Mulbury, M.D, Windham John F Connor, M D, Troy Roy G S Dougall, M D, Cobleskill Ralph S, Breakey, M.D, Monticello Mortuner B Downey, M D, Kingston

#### Fourth District Branch

Friday, September 21, 1945 Oueensbury Hotel Glens Falls New York

#### Afternoon Session

2 30 P M -- "Postwar Neurosos"

Maj Norman A. Levy, (MC) USA "Tropical Diseases Brought to Us by

Returning Veterans
Robert F Korns, M D Associate
Director, Division of Communica
ble Diseases, New York State Department of Health

\*The programs of the First, Second, and Eighth District Branch Meetings will appear in the October 1 lame.

"Rheumatic Fever"

J G Fred Hiss, M.D Syracuse Professor of Chinical Medicine, Syracuse University College of Medi

7 00 P.M.—Dinner

Address by Edward R. Cunniffe, M.D. Bronx President, Medical Society of the State of New York

Ladies will join with members of the District Branch for dinner

1952				·				
Officers—Fourth District Branch		Presidents of Component County Societies						
President	Frank F Finney, MD, Malone	Clinton Essex	William I Robert	H Ladue, M D, Plattsburg H Gray, M D, Westport Hayes, M D, Saranae Lake				
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Treasurer	Joseph A Geis, M D , Lake Placid	Warren Washington		efendorf, M.D., Glens Falls O. Orton, M.D., Salem				
Fifth District Branch								
Tuesday, September 18, 1945 Elks' Club								
	Oneida, New York							
Afternoon Session		8 15 рм—"	The Blood	d Derivatives Program in ork State"				
	Motion pictures on medical subjects		Edward	S Rogers, MD, Albany, nt Commissioner for Medi-				
3 00 P M3 45 P.M	"Tropical Diseases with Special Reference to Filan- asis"		cal Ad Depart	ministration, State Health ment				
	Harold W Brown, M D, New York City, profes- sor of parasitology, De-	Ladies will Branch for dir		members of the District				
	Lamar Institute of Pub- lic Health, College of Physicians and Sur-	The Execut	ive Comm	be Given nttee of the Fifth District ize of \$25 to that Woman's				
3 45 рм-4 30 рм-	geons, Columbia Uni- versity "Diagnosis and Treatment	County Auxil	iary from	which county there is the hysicians registered at this				
	of Dysenteries" Stockton Kimball, M.D.,	mecang,						
	Buffalo, associate in medicine and pharma-	Offi President	leers—Fift	h District Branch Dan Mellen, M.D., Rome				
	eology, University of Buffalo School of Medi-	First Vice-Pre	sident	Sherman M Burns, M D, Oswego				
4 30 рм –5 00 р.м —	"Medical Care Insurance"	Second Vice-F	resident	H Dan Vickers, MD, Little Falls				
	Mr George P Farrell, Director, Bureau of	Secretary		James E MeAskill, MD, Watertown				
	Medical Care Insurance, Medical Society of the State of New York	Treasurer		O D Chapman, MD, Syracuse				
5 00 PM—Business Meeting—Election of Officers 6 00 PM.—Dinner		President	e of Comp	onent County Societies				
Address b Bronx,	y Edward R. Cunmffe, M.D., President, Medical Society of the of New York	Herkimer Jefferson	Brian J Harlow	Kelly, M.D., Frankfort G. Farmer, M.D., Water-				
7 30 PM—"The Neu Depre	roses Related to the Manic- essive Constitution"	Lewis Madison	Harry I Folix (	E Chapin, M.D., Lowville Ottaviano, M.D., Oneida F Gaffney, M.D., Onskany				
City,	Kennedy, M.D., New York professor of clinical medicine ology), Cornell University	Oneida Onondaga	Falls	Menzics, M.D., Syracuse				
Medi	cal College	Onondaga Oswego	Harold I	F McGovern, M'D, Fulton				

## Sixth District Branch

Wednesday, September 26, 1945 Country Club Cortland, New York

## Afternoon Session

3 30 PM—"Thrombophlebitis"
Lawrence L Hobler M.D, Elmira
4 30 PM—"Diagnosis and Management of Certain
Tropical Diseases in Returning
Veterans"

William Kaufmann, M D, Albany
5 30 PM—"Medical Indemnity Insurance"
Edward R Cunniffe, M D, Bronx,
President, Medical Society of the
State of New York
Business Medical Society of Cofficers

State of New York
Business Meeting—Election of Officers
6 30 p.m.—Dinner

Treasurer

	Evening Session 8 00 p m.—"Lexions of the Terminal Ileum, Colon,		Presidents of Component County Societies	
			Broomo ,	Frank G Moore, M.D , Endicott
and Rectum"		Chemung	W Tilden Boland, M.D., Elmira	
	Frank l Massa	H. Lahey, M.D., Boston, schusetts	Chenango	Archibald K. Benediet, M.D., Sherburne
	*	th District Branch	Cortland	Robert P Carpenter, M D , Cort- land
	President	Clifford F Leet, M.D., Horseheads	Delaware	Dorcen R Corke, M D., Hobart
	First Vice-President	Charles L. Pope, M.D., Binghamton	Otsego	Charles H Peckham, Jr, M.D., Cooperatown
	Second Vice-President	Norman C Lyster, MD, Norwich	Schuyler	William C Stewart M D, Wat- kins Glen
	Secretary	Elton R. Dickson, M.D., Binghamton	Tioga	Hiram L Knapp, Jr., MD.,
	Tressurer	William A. Moulton, M.D.		Newark Valley

#### Seventh District Branch

Tompkins

William A. Moulton, M.D.,

Candor

Thursday, September 27, 1945 Clifton Springs Sanitarium Clifton Springs, New York

Morning Session	Albert M Crance, M.D., F.A.C.S.,
9 30 A.M.—Registration	Geneva
10 00 a.m -12 30 F m Dry Clime, Presentation	3 30 P M.—"Burns New and Improved Treat-
of cases by the medical	ments"
staff of the Clifton Springs	Earle B Mahoney, M.D. assistant
Sanitarium and Clinic	professor of surgery, University of
12 30 P M.—Luncheon	Rochester School of Medicine and
1 20 mas Transduction of officers of the Modified	Dentistry

-Introduction of officers of Society of the State of New York Address by the President, Edward R. Cunnifie, M.D., Bronx Business Meeting—Election of Officers

Afternoon Session

2 00 P.M.—"Group Practice Advantages, Disad vantagea, Organization, and Costs' E. Carlton Foster, M.D., F.A.C.S. Foster Hatch Medical Group, Penn Yan

2 30 r.m - 'Prepaid Medical Care Insurance' Plans now in operation, what the State Society has done and hopes to ac-complish for a state-wide coverage Mr George P Farrell, Director, Burean of Medical Care Insurance, Medical Society of the State of

New York 3 00 P.M.-"Modern Trends in Urology and Their Application to General Practice

Officers-Seventh District Branch President Homer J Knickerbocker. M.D Geneva First Vice-President Howard S Brasted, M.D., Hornell Second Vice-Prondent Lloyd F Allen, M.D., Pittsford

Robert H. Broad, M.D., Ithaca

Becretary Kenneth T Rowe, M.D. Dansville Treasurer George H. Gage, M.D., Rochester

Presidents of Component County Societies Cayuga

Cilinton E. Goodwin, M.D., Weedsport H. J. Schneckenburger, M.D., Nunda Stearns B. Bullent, M.D., Clitton Springs Bruno Riemer M.D., Ciliton Springs Bruno Riemer M.D., Romulus Stacy P. Koenemann, M.D., Avoca Dwight F. Johnson, M.D., Newark Allen W. Holmes, M.D., Penn Yan Lavingston Monroe Ontario Seneca Steuben Wayne Yates

### TEACHING GUIDE FOR HGME NURSE CLASSES

Teaching Guides to assist instructors of high school and college courses in Red Cross Home Nurslng have been prepared by the American Red Cross to be ready this Fall Previding specific sug gestions for class discussions, demonstrations, and practice, the material is so arranged that the course may be adapted with or without credit to existing curricula. The course may be taught entirely by a nurse-instructor or in cooperation with instructors of other courses in the same general field.

The high-school guide will present simpler nursing procedures with specific methods of teaching them to adolescent students. The college guide will include these but will be more extensive in scope and through the inclusion of basic principles under-Is lng procedures will be of higher academic level

The wartime shortage of physicians and profes-sional nurses has emphasized the urgency of more extensive home-nursing instruction. As a result, many educators have become convinced that home nursing should be made an integral part of the educa tion of all potential homemakers.

Many professional nunses are needed for part- or full time teaching, and through this teaching each instructor makes a valuable far-reaching contribution to improved nursing care of the sick.

## Medical News

## Medical and Dental Schools to Seek 12,000 Veterans

THE government opened a campaign in August to enroll twelve thousand war veterans immediately in medical and dental schools in a drive to replenish the nation's war-depleted supply of doctors and den-Its immediate goal is to enroll eight thousand veterans in medical and premedical schools and four thousand in dental and predental schools for courses starting this fall

Manpower Chief Paul V McNutt, in announcing the program, said the nation urgently needs thirty-

five thousand more doctors

"Unless we move quickly and successfully to wipe out the gaps torn in the ranks of the medical and dental professions," he said, "America will be denied essential security in terms of national health"

He said the situation is so severe that some medical schools will not fill any substantial part of

their first-year classes beginning next month

Therefore, he said, the government will try to sell discharged servicemen on the idea of entering the medical or dental profession Servicemen in various parts of the world will be supplied with information of such opportunities and an explanation of financial aid available under the GI Bill of Rights

The medical and dental professions will supply lecturers for separation centers, where the most likely candidates from among men scheduled for discharge will be screened on the basis of their qualifications and expressed interest.

Mr McNutt said that nearly 40 per cent of the nation's active practicing physicians are now in the armed forces, which also have taken about one-third

of the civilian dentists

Many more physicians will be needed for peacetime than were available before the war because the postwar needs of the armed forces alone will be for fifteen thousand doctors The Veterans Administration will need another fifteen thousand, and an undetermined number of doctors will be needed in liberated areas Mr. McNutt said a similar situation prevails in dentistry

Emphasizing the urgency of the situation, he "The success of the new program is essential added to the health and welfare of the people both at present and in the years to come, for without addi-tional medical and dental personnel there can be no assurance of the maintenance of American standards

of health."

## Volunteer Groups to Continue Work

THE end of World War II does not signal the end of volunteer activities in New York City, a survey of local agencies revealed in August At the same time Hospital Commissioner Edward M Bernecker declared that municipal hospitals will need assistance of nurses' aides for another six months to a year

"Our nursing shortage is critical," he said Japanese surrender does not mean a sudden return of trained nurses" About eight hundred aides have been giving about sixteen thousand hours a month, he said The hospitals need about six thousand, two hundred professional nurses, they have less than three thousand "If it were not for the loyal and devoted services of nurses' aides it would have been impossible for us to carry on," Dr Bernecker declared

A spokesman for the New York chapter, American Red Cross, said that training courses for nurses' aides and dietitians' aides would continue as a peacetime project and that the production service would continue to make dressings for local hospitals as well as for the Army and Navy The Red Cross also will continue its rehabilitation work with wounded voterans, its camps and hospital service, and its aid to families of servicemen

An elaborate postwar program has been developed and announced by the American Women's Voluntary Services Their peacetime activities will include rehabilitation work, a youth program, job retraining for women, public health and hospital work, conservation and salvage, practical thrift, motor transport, canteens and school lunch programs, and sewing projects for civilian welfare agencies. The A.W V.S. will continue to enroll new members for this work.

The Navy League will continue its activities-"after all, the Navy still goes on," an official said It will work with the convalescent, the wounded and the blind, and conduct services for Navy men's fami-

## New York City Will Help Children When Mothers Are Ill

NE of the major worries of parenthood—the care of children when their mothers are hospitalized-will soon be lessened and perhaps erased with the aid of the New York City Department of Welfare, Leonard V Harrison, newly appointed commissioner, has announced

Mr Harrison, a director of the Community Service Society, said that forty-five women will be hired soon as "mother's aids," and that children whose mothers are hospitalized or seriously ill at home will no longer be sent to institutions, but will be cared for at home by an aid

The program, effective within a few weeks, will serve two purposes, Mr Harrison said It will avoid the "psychological shock to the child of institutionalism" and it will help the Mayor's campaign to ease the present shortage of institutional

and foster-home facilities

In fact, Mr Harrison said, the aid will be a "sort of foster-mother in reverse" Instead of the children being sent to her home, she will go to the children's home and care for them until the father returns from The program is not meant for fatherless work children, he added In such cases the child must be sent to a home when the mother is away because "an aid can't work day and night both"

Mr Harrison said that the aids will work a total of two hundred and eight hours a month, equivalent to six eight-hour days weekly The city budget for 1945-1946 provided for forty-five such aids at a salary of \$1,440 a year and for an administrative staff

of a supervisor and four investigators

All aids will receive a three-week training course the department's household-training proat ject.

The program will include child care, intrition, marketing, meal planning, house care, laundering, clothing care and home care of the mck.

#### Alcoholics Study Is Conducted Here

SURVEY on the care and treatment of alco-A holles in the New York area is being conducted by the New York Academy of Medicine's committee on public health relations, it was announced on August 21 to the current issue of New York Medicine, publication of the Medical Society of the County of New York. Dr Hubert S Howe is chairman and Dr E. H L. Corwio is secretary of the subcommittee in charge.

The magazine said the survey was io lice with energetic movements in New Jersey, Maine, Washingtoo, DO Boston, and elsewhere. Commenting

on this wide interest and activity, the magazine says "So great has been the recent indication of cooperation between existing groups, varying all the way from alcoholic beverage commissioners to churches, clubs, civic authorities, hospitals, doctors—even the W C T U (who have indicated that they will not oppose use of liquor tax revenue for the rehabilitation of the alcoholic)—that the movement to improve treatment and facilities is taking on the semblance of a national campaign."

Questionnaires have been sent to every physician

in New York City and to every hospital, sanitarium, and other type of health facility treating inputients. A letter sent with the questionnaires explained that 'the apparent dearth of facilities for the care and treatment of alcoholism in the New York area has prompted a study of the existing situation "

More than one thousand seven hundred physicians have answered. Their questionnaire asked whether they treat alcoholics and whether they do so at special hours, what institutional facilities and treatment they use, what auxiliary organizations they use, and what in their judgment is the best way to deal with the problem of the alcoholic. The hospitals were asked whother they treat alcoholics for com plication of diseases, sobering up or for the addiction how many patients are treated, what proportion of acute cases ask for treatment for addiction, what treatment is used and whether follow up services are provided.

Replies from some hospitals have indicated that they sometimes find that patients admitted for other diseases are later found to be the result of chronic alcoholism.

#### Red Cross Will Survey French Children's Health

THREE-MEMBER Red Cross delegation left A in August for France to survey child health problems at the invitation of the French government, Basil O'Connor, chairman, has announced The delegation is headed by Dr Louis I Duhlin,

vice-president of the Metropolitan Life Insurance Company, and an assistant to Mr O'Connor Other members are Dr Leona V Baumgartner, pediatrician on leave from the New York City Health Department, and Mrs. Ida K Fivian, instructor of foreign languages at the Bradford Junior College, Bradford. Massachusetts

The survey, expected to be completed in two months, is being cooducted in collaboration with French health agencies and American Red Cross workers now in France. It is intended to find ways in which French health agencies can be assisted from abroad in meeting the needs of children

### Cadet Nurse Corps Is Still Recruiting

THE surrender of Japan has not yet ended the admission of new students to the United States Cadet Nurse Corps, and recruiting is continuing as usual. An estimated three thousand studeots in the New York area were planning to enter September classes for nurse training, and approximately 80 per cent of these have expressed the deare to join the copps, according to Miss Derothy V Wheeler, executive secretary of the New York Nursing Council for War Service.

Since the Japanese surrender was announced, the council s officers have been busy explaining to many of this group the terms of the Bolton act, which created the corps and provided scholarships for tui

tion, maintenance, uniforms, and a monthly stipend Under the act, she pointed out, students in school ninety days before the official end of the war may complete their training with government funds However, she believes that with the motive of patri otic service in wartime removed nearly 50 per cent of the three thousand beginners may drop out.

Because of the cootinued need of the trained professionals in the Army and Navy Nurse Corps and the estimated growing need for nurses by both the military and civilians in the postwar period, she em phasized that recruiting will continue and that every encouragement will be given to students who wish to enter the field

#### DDT Is Tested on Paralysis Fly

SPRAYING of DDT in sections of Rockford Illinois, in an attempt to halt the spread of in fantile paralysis, was an emergeocy measure which augmented a carefully planned program of experiments alroady carried out in three Eastern communities.

The experiments were made to determine the of fectiveness of D.D T io reducing populations of flies known to carry the virus of infantile paralysis.

Spraylog of D.D T from a B-29 bomber was completed at Rockford, where 148 cases of infantile paralysis have been reported since July 1 Savannah, New Haven Connecticut and Pater

son New Jersey were the cities selected for the other tests undertaken by the Fly Abatement Unit of the Arm Neurotropic Virus Commission working in cooperation with various other ageocies. disclosed by Dr Joseph L. Melnick one of the unit a

four physicians, at the office of the Paterson Board of

Health, where the unit has a field office

Dr Melnick said other cities had been selected for additional experiments but that it had not been determined when the unit might move on to another

It appeared doubtful that tests would be conducted in any of the five boroughs of New York City

Dr E R Coffey, medical and district director of the United States Public Health Service, one of the cooperating agencies, said he had had no indication that the unit would come here Dr Ernest L Stebbins, New York City Health Commissioner, said he doubted the experiments would be suggested for New York, because its areas are unsuitable for the

## Many Doctors Volunteer for Army Duty

MORE than twelve thousand physicians, four thousand dentists, eight thousand, nine hundred nurses, and several thousand other medical scientists from New York, Delaware, and New Jersey have volunteered their skills and services to the Army Medical Department since Pearl Harbor, Maj Gen Thomas A. Terry, commanding general of Second Service Command, announced in a statement commemorating the one hundred seventieth anniversary of Army medicine in July

General Terry revealed that Second Service Command medical facilities have accommodated more than six hundred thousand sick and wounded military personnel from all parts of the world since Japan precipitated war upon the nation, and he highly commended the Medical Department of his command area

Brig Gen Charles M Walson, recently promoted surgeon of Headquarters, Second Service Command, took the anniversary occasion to pay tribute to the medical profession of this area for its splendid response to the Army's call for physicians, nurses, dentists, physical therapists, and others of special medical training

## County News

Albany County

1996

Maj John C McChntock, Albany medical and surgical specialist, returned on August 10 after thirtytwo months overseas and has been honorably discharged from service

Dr McClintock was commissioned in July, 1942 and has served his entire field tour with a forward field hospital, the 3d Auxiliary Surgical Group, as a surgical team leader in North Africa and Europe

He wears the Bronze Star for meritorious service, the Bronze Service Arrowhead for assault landing, the wreath for his unit's Mentonious Service Plaque, and his service ribbons contain stars for action in Tumsia, Sicily, Normandy beachhead, the Rhineland, Ardennes and Central Europe

Three Albany physicians who have been serving overseas with the 33rd General Hospital were home on thirty-day leaves recently, after a flight across the Atlantic. They are Lt Col Henry Hun, Maj Arthur H Stein, and Maj Walter C Mott They have been detached from the hospital unit, which was formed in Albany, and are awaiting possible reassignment The unit, active since July, 1942, has been based near Leghorn, Italy, and previously was in Africa and Rome \*

Dr Edgar A Vander Veer, of Albany, was appointed on August 10 as a member of the medical board of the Employees' Retirement System.

His appointment, to succeed the late Dr Thomas M Holmes, of Delmar, was announced by State Comptroller Frank C Moore Dr Vander Veer is a graduate of the Albany.

Medical College

Dr Vander Veer, one of the founders of the American College of Surgeons and a former member of the board of governors, is now professor emeritus of surgery of the Albany Medical College and a member of the founders' group of the American Board of He is attending surgeon at St. Peter's

\* Asterisk indicates that item is from a local newspaper

Hospital, consulting surgeon at Memorial Hospital,

**Broome County** 

Set up with the cooperation of the county society and the Broome County Dental Society, fifteen doctors, two dentists, two representatives of the nursing profession, and four hospital administrators have formed a county Veterans Health Advisor, Council for returning servicemen

and is on the courtesy staff at Albany Hospital

Dr Anthony La Russo and Dr Hugh S Gregory, director of the Binghamton State' Hospital, as co-

chairmen head the health group

In announcing the new setup, Dr Gregory and that committee members have "volunteered their services in an advisory capacity to the Broome County Veterans Advisory Council."

He added that the group would "counsel with returning veterans of World War II—both men and women-concerning their health problems and advise them concerning the available agencies under this category which stand ready to aid them '

Announcement of the new committee was made in a letter to Vincent J Welsh, public relations chair-

man of the advisory council

Dr Frank G Moore, of Endicott, president of the county society, was in charge of committee volun-

teers for the advisory group

Physicians to work with Drs La Russo and Gregory are Dr Martin Weiss, Dr Herman M Hurdum, State Hospital, Dr Ralph C Goudey, Dr James Colella, Johnson City, Dr Walter Farrell, Johnson City, Dr Charles F Hawley, Dr A J Stillson, Windsor, Dr Vesta Rogers, Lisle, Dr Howard Raymond, Whitney Point, Dr Morns Eber, Maine, Dr George Depter Endicate Dr Farl W Maine, Dr George Danton, Endicott, Dr Earl W Mungle, and Dr Paul F Reich.\*

## Chenango County

Dr J Mott Crumb, of South Otsehe, was the noonday luncheon speaker on July 24, when he was a guest of Rotary at their regular weekly session held at The Chenango

Dr Crumb spoke on the topic, "The Great

American Tragedy," which had its setting in the northwestern section of Chenango County

#### Eric County

A glowing tribute to the work of the 23rd General Hospital, the Buffulo-formed unit, has been paid by Maj Gen Paul R. Hawley, chief surgeon of the European Theater of Operations The hospital, which left Buffalo three years ago, now is commanded by Col. C Baxter Brown Buffalo surgeon. He was originally named chief of the surgical section and was promoted to commanding officer several months ago

In a letter to Langdon Albright, president of the board of trustees of the Buffalo General Hospital,

Gen Hawley wrote
"Although it has been under my direction for only a matter of months, I wish, as one of my last and most pleasant duties as chiof surgeon of the European Theater of Operations, to make a record of the spleadid service of the 23rd General Hospital

"This hospital unit had already had almost a year of splendid service before joining the European Theater of Operations. After etaging in Africa from August 6, 1943 to October 25, 1943, the 23rd Gen-eral Hospital sailed for Italy and, after a staging period there, opened up on November 17, 1943, at Coroglio Italy, where it operated until September 23, 1944 The unit first started operations in France on

November 5, 1944, In the Grand Hotel at Vittel Vosgos at that time 140 miles from the front During this period the patient load was very heavy and this 1,000-bod hospital was handling, at one time, almost 3 000 patients.

"The Buffalo General Hospital can, indeed, to be proud of the 23rd General Hospital It has rendered outstanding service to our country, and it has been both an official and a personal pleasure for me to have had this fine unit under my direction."

Recently the hospital was moved from Vittel to Paris and, according to report from Redeployment

Headquarters is to be deactivated \*

Maj Hohbard Karbach Meyers, Buffalo physician, has been appointed consultant on anosthetics to the American Army for the entire European theater it was announced on July 20 by Dr Fraser
D Mooney, superintendent of Buffalo General
flospital Dr Mooney was first to be notified because Major Meyers is a member of the 23rd General Hospital Base Unit a group organized by General Hospital doctors and nurses of that institution and

other hospitals in this area.

Major Meyers was graduated from the University of Buffalo Medical School in 1936 and Interned at the Millard Filimore Hospital. He inter established a private practice in Canandaigua, where he also was a staff member of the Thompson Memorial Hospital and president of the Canandagua Medical Society

In 1941, Major Meyers returned to Buffalo where ho loined the blood bank service of General Hospital. Ho later joined the 23rd General Hospital Base Unit. remaining at the hospital on inactive status until July, 1942, when he was sent to Ft. Mead, Maryland Stationed in Paris since July 10 hie new post also

will take him to Versallics \*

#### Genessee County

Dr Marion Shepard, formerly of Batavia, and now of North Winter Park, Florida, was signally honored at a meeting of the Executive Board of the New York State Association of School Physicians held in Syracuse

At this time, it was voted unanimously to present Dr Shephard with a life membership in recognition of her distinguished services to the accociation. Dr Shepard served as secretary -treasurer for some years. at which time she was also doing outstanding work in the field of school health in Batavia.\*

Monroe County

Dr William A. MacVay chief of medical service with the 251st General Hospital in France has been

promoted to hentenant colonel.

Dr MacVay served on the faculty of the University of Rochester Medical School for ten years before going in service. He was also secretary to the Monroe County Medical Society and on the staff at General Hospital. He is a graduate of the Univer sity of Michigan.

The physician has been overseas for almost two years and is now at a redeployment center in France.\*

#### Richmond County

Dr Albert Accettola of Staten Island, a graduate of the Boston University School of Medicine, has necepted appointment as a research fellow in orthoedic surgery at Bellevue Hospital Manhattan He recently completed an internahip at the Staten Island Hospital. In 1943, Dr. Accettola received a medical dis-

charge from the Army \*

## Necrology

John Peter Boroszewski, M.D., of Buffalo, died on June 22 at the age of 44 Ho was graduated in 1920 from the University of Buffelo Behool of Medicine, was associate physician at the Millard Fillmore Hospital in Buffalo, and a member of the American Public Health Association, the New York Academy of Medicine, the American Medical Association, and the New York State and Eric County medical societies.

Joseph Anthony Di Leo, M D, of Long Island City died on August 9 at the age of 40 Dr Di Leo received his medical degree from Loyola University School of Medicine, in Chicago, in 1931, and was

junior assistant attending physician at St. John a Long Island City Hospital He was a member of the medical societies of Long Island City, Queens County, and New York State, and of the American Medical Association

Andrew Barron Fitzgerald, M.D., of North Creek died on July 30 at the ago of 57 Dr. Fitzgerald was graduated from the University of Vermont College

of Medicine in 1912

Albrecht Eugene Fuld, M D., of Port Washington died on July 3 at the age of 37 A graduate of the University of Berlin medical school in 1032, Dr Fuld was formerly assistant reentgenologist at the Oneida City Hospital in Oneida He was a member of the Medical Society of the State of New York,

and of the American Medical Association

William Linder, M D, of Brooklyn, and dean of surgery at the Jewish Hospital in Brooklyn, died on August 12. He was 72. Dr. Linder was also surgeon-in-chief of Israel Zion Hospital and former professor of clinical surgery at the Long Island College Hospital. He was graduated from Bellevue Medical College in 1896 and interned at Bellevue Hospital and St. Catherine's Hospital in Brooklyn He was a past president of the Kings County Medical Society, and held membership in the Brooklyn Pathological Society, Brooklyn Surgical Society, the American Medical Association, and the New York Academy of Medicine, and was a fellow of the American College of Surgeons. He was a senior surgeon of the U.S. Public Health Service by appointment of the late President Roosevelt.

Christopher F Mack, M D, of Richmond Hill, Queens, died at the age of 78 on July 23 He received his medical degree from the New York University College of Medicine in 1898, and had been a practicing physician in Richmond Hill for twenty-

five years

Percy Edwin Dunlop Malcolm, M D, of New York City, died on July 29 in Quebec, Canada He was 75 years old Dr Malcolm was graduated in 1893 from Bellevue Medical College, and specialized in otolaryngology He was a member of the state and county medical societies, the American Medical Association, a fellow of the New York Academy of Medicine, and a diplomate of the American Board of Otolaryngology He was also

a charter member of the New York Otolaryngological Society, and a member of the Board of Surgeons of the Manhattan Eye, Ear, and Throat Hospital

of the Manhattan Eye, Ear, and Throat Hospital
Emanuel M Radlow, MD, of Cold Spring, and
formerly of New York City, died on April 14 Dr
Radlow received his medical degree from the Uni-

versity of Koenigsberg in 1901

Martin L Sowers, M D, of Far Rockaway, was drowned, following a heart attack, while bathing at Long Beach on July 27 Dr Sowers was 52 He was graduated in 1913 from the Medical College of the University of Virginia, and took postgraduate work at Harvard University for the next two years as he was then too young to obtain a medical heense He served his internship at the Manhattan Eye, Nose and Ear Infirmary He was a member of the New York State Medical Society, New York County and Queens County medical societies, Nassau County Medical Society, and the American Medical Association He was a consultant otolaryngologist at St Joseph's Hospital, Rockaway Beach, and Long Beach hospitals, and was formerly on the staff of the New York Eye, Nose and Ear Infirmary

of the New York Eye, Nose and Ear Infirmary
George L Wright, MD, of Syracuse, a member
of the faculty of the Syracuse University College of
Medicine and Syracuse fire and police surgeon for
many years, died on July 22 He was 59 years eld
He was associate surgeon of St Joseph's Hospital,
and a member of the Onondaga County Medical
Society, the Medical Society of the State of New
York, and the American Medical Association Dr
Wright received his medical degree in 1911 from the
Syracuse University College of Medicine, and served
his internship at St Joseph's Hospital in Syracuse

## A FRIEND IN NEED

We are pretty blue today Every physician has his sorrowful experiences but we have just had a streak of them, situations in which we feel so helpless yet so honored. Three times in the last five days we have been called to a home where a representative of the Western Union had just left a tele-

gram from the War Department

We all have read the war correspondents' descriptions of the battlefields of our Army, Navy, and Arr Corps The dirt, the mud, the pain, the wounded, the dead, the refugees, the bravery, the hard work, the unselfishness, and the sacrifice of the war can be written in a variety of moods But nothing can compare to the picture of the mother who has just received the word that her son has just paid the supreme sacrifice for his country All the prayers that she has prayed and all the hopes she has held are suddenly for naught When her son entered the armed services she knew that this moment might Now it is here Hysterical and grief stricken from the sudden shock of the news, she sits in a daze, wondering if the telegram can be true Members of the family have gathered around her but in their own grief they can offer her small com-In despair, they turn to someone who might fort help lessen her burden

Who do they turn to? The family physician We know of no tougher assignment for the physi-There is no drug or surgery that will cure this His first impulse is to duck the call, but when he considers the trust this family puts in him, even to the point of sharing their sorrows with them, he cannot refuse the call The family knows there is nothing he can do to void the news but they feel that just his presence and the few words he may say may tide over those first few hours of grief might give a sedative, but that is not what counts It is the thought that "Doc" is a fellow they can trust, someone outside the family (not a sympathetic or maybe curious neighbor), someone whe is both a friend and confidant, who is a realist, who knows this is an act of the Supreme Being, but whe also knows the pain and sorrow that goes with such a happening and so knows just what to do and how to help What an honor to be called under such circumstances

May the practice of medicine be ever so—with complete faith between physician and patient, a service of mutual understanding, honor and trust, not dollars and cents and mandatory laws—W B Harm, M.D., in Detroit Medical News, March 19, 1945

## Hospital News

#### Four Million Given by Sloan Fund to Fight Cancer

MEMORIAL Hospital for the Treatment of Cancer and Allied Diseases, 444 Last Sixtyeighth Street, will become an international center for the study of the causes and treatment of cancer, under the terms of a \$4,000 000 grant by the Alfred

P Sloan Foundation, it was announced on August 7
Combining the skill and training of medical researchers with the highly geared methods of modern industrial research, the foundation and the hospital, already one of the country's outstanding cancer centers, plan to launch a ten year campaign against the disease which yearly takes the life of one out of every nine Americans.

At the end of this period it is hoped that not only

will the cause and cure of cancer, still shrouded from science, be theroughly understood but that a simple test will have been devised to determine cancer susceptibility and make it posmble to ward off the discare loog before it is contracted

"This is an incredible thought,' Alfred P Sloan Jr, said "but I don't thick it is outside a reasons blo

range of accomplishment.

The foundation, Mr Sloan said, will provide \$2,000,000 for the construction of a thirteen-slop. research building, to be known as the Slean hotter ing Institute for Cancer Research, and in addition will provide \$200 000 annually for ten years for

operating costs.

The institute will serve as a central coordinating point between two other Memorial Hospital bulld ings, and the three will cover the entire block bounded by Sixty-seventh and Sixty-eightic streets York and First Avenues. The existing heapltal building, erected in 1030, will be enlarged and re-arranged to provide space for three hundred beds, while the Dr James Ewing Hospital, which the City of New York has contracted to build and maintain, will provide space for three hundred more patients.

The entire project, which will be put into construction as soon as conditions allow, is expected to cost \$4,500,000 In addition, money will be needed for projected four year cancer followships and to To this end Memoprovide for specialized facilities rial Hospital will soon appeal to the public although Mr Coumbo said, the goal for the drive has not

been set

As 85 per cent of cancer research is unrelated to persons who have cencer—that is, as it is a matter of "pure" laboratory work—the institute will be self-contained although it will be a part of the center and entitled to study hospital patients as its researchers may find necessary

Withio Its walls will be contained all Instruments

of science which can be mobilized in the study of cancer-brochemical laboratories, pathologia labora

tories, laboratories for the study of ntomic physics "Alomic energy release," Dr. Rhonds said "which is the junciple on which the atomic bomb works, may also be used to cause or cure caucer. We shall, of course, continue our experiments in this field 'For several years Memorial Hospital has been

experimenting with the destruction of cancer cells by exploding them with particles of atoms. In the treatment of leukemia, a form of cancer, radioactive phosphorus, prepared by an atom simular, has been injected experimentally into diseased tissues. It is the feeling of the Sloan Loundation, Mr.

Bloan sald that experiments along these and other lines will be vestly speeded up if the experience of in dustrial researches is brought in bear on the problems. It will be the function of Dr Ivettering, he sald, to make this experience maliable to the reien

tists nt the lustitute

"We are convinced," he declared, "that the same broad principles of organized industrial research can be adapted so as to bear effectively on this on

tirely different problem "

Dr. Kettering outlining plans for the contaration of lindustry and medicine at the institute, said that "we have no desire to dietate a procedure-nil we can do is to bring to the doctors and lay on the table certain methods of research which we have found helpful."

"This type of effort," Dr. Illiands said, "Is the one ldeal way to obtain the desired end, the understand

ing of cancer"

Acknowledging the gift, Mr Coumbe progred that "this is the first time that a program of this extent has been financed to this extent, and over this peried of time "

"Flus ten year program," he sald, "will parmit us to surround ourselves with the very hest technical brains in the field and aroure them of a long range program they can work nn With ductors coming from Europe and other parts of the world, as they will, it will truly be an international center?

A separate board of Irristers will supervise the institute, Mr. Sloan said. There will be four reprecontatives of the foundation and five of the hospital

The Cancer Center will be a unit of one of the world's largest groups of institutions for incident care, toaching, and research. This group includes the New York Hospital, Cornell University Medi-cal College, with which Memorial is oblitated, and the Hockefeller Institute for Medical Item arch the organizations work in close cooperation

## Doctor Favors Local Hospital Usage for Vets

VETERANS' facilities program which through A treatment of war veterans by their own physicians lo local hospitals would eliminate enermous expenditures of bullding additional hospitals, has been proposed by Dr. Herbert F. Schwartz. Pine Crest Sanatorium Superfolcodent.

He has submitted a four-point program which he claims will result to a profit to each community and

also provide more comfort for veterans through being nearer their homes and families.

"To view of the furore recently created because of conditions in veterant' facilities" he said, "It appears rather permionic that the government is planning the expenditure of many millions to build ad ditional hospitals,

"The shortcomings are inherent on the system itself rather than in the administration thereof he continued, "and it behooves us to consider other po-abilities

seiQue of the popular apprections is that veterans

be treated in local hospitals by their own physicians The hospitals and physicians would be paid according to an established schedule of rates similar to that now being used in workmen's compensation advantages of such a plan are fourfold

The government would save hundreds of millions of dollars in construction and equipment of new facilities

The veteran would be near home and could

enjoy visits from family and friends

The income would provide the local institutions with funds for nocessary improvements
"4 The veteran would have complete freedom

of choice of physician and hospital (This is at present denied to him )

"In this manner the entire community would

profit
"The program would probably be less expensive even if we discount the original cost of construction and equipment for the per capita cost in many hospitals is lower than that in veterans' facilities

"In addition there would be little or no transportation costs between the patient's home and hospital The plan certainly deserves to be called to the attention of the various organizations concerned and they in turn should examine it in detail," says Dr Schwartz

## Improvements

The first wing of three therapeutic swimming pools at Halloran General Hospital, Willowbrook, was officially dedicated on July 15 by Postmaster General Robert E Hannegan and turned over to Brig Gen Ralph G DeVoc, commanding general

Saying that it is the first pool to be constructed at a veterans' installation, Hannegan stated, "This pool is an example to other communities on how to pay back some of the huge debt that we owe to our

nghting men"

A demonstration was given showing the progress and intensive physical therapy in the treatment of paralytic patients. The demonstration was by patients who have progressed from complete paralysis of lower extremities to a stage that permitted them to take active part in the dedication ceremonics

Slowly, they rose from their wheelchairs at the pool's edge, and carefully made their way into the water, where they were able to move their legs, and walk between two parallel bars, some with canes One patient had so far progressed as to be able to dive An exhibition of the apeutic treatments to be given at the hospital was presented by Army personnel

The pool is 60 by 100 feet, varying in depth from 3 feet at the shallow end to 9 feet, 6 inches corners of the deep end, concrete steps have been

constructed

There also are steps radiating 5 feet 6 inches from the inside face of the pool providing comfortable access in and out of the pool for disabled personnel. At the deep end two diving boards have been provided The pool has a capacity of 250,000 gallons of water

It is the first of a group of three pools, another outdoor one of smaller dimensions, and an indoor one for winter use, enclosed in a heated building with adjoining locker rooms and toilet facilities, including therapy treatments for both men and women patient personnel \*

Dedication of a spacious new kitchen, designed and equipped with the latest modern conveniences,

has taken place at New Syracuse General Hospital Huntington B Crouse, Jr, unveiled the light green plaque inscribed, 'The kitchen given by

Crouse-Hinds Co, in memory of Huntington Beard Crouse "

William L Hinds, president of the Crouse-Hinds Co, presented the kitchen to Ernest L Owen, treasurer of the hospital, who thanked him "in behalf of the trustees and officers for your kind thoughts and gracious gifts "

The new kitchen, in use since June 1, is situated in an area formerly occupied by the nurses' dining room A partition was removed to leave one large room, about 66 by 30 feet, and former classrooms were converted into the current dining room

Costing about \$12,000, it has been equipped with a stainless-steel table and cafeteria counter, three wooden work tables, a pastry table, a stainless steel sink, a new aluminum 50-gallon steam kettle, two stainless steel four-gallon coffee urns, a new refrigerator, two new gas-electric toasters, a deepfat frier, and a bain-Marie

Three meals a day and one at midnight are served cafeteria-style to from one hundred twenty-five to one hundred fifty nurses and employees The kitchen accommodates three dictitions and twentyseven employees, in addition to high-school boys,

and girls who work part-time

The latest device to come from the research of W R Kearsloy, of the General Electric Co, is an "electric" hospital bed which can be raised or lowered without the aid of a nurse

Push-button electric control, which eliminates the hand crank and allows a patient to adjust his own position without "so much as moving a toe," is in the experimental stage at Ellis Hospital, in

Schenectady, the company reported

The "electric bed" is powered by two motors, each of which is equivalent to one-fourth the power of a washing machine motor A movable control

box permits both the feet and head to be raised or lowered, or one to be raised while the other is low-

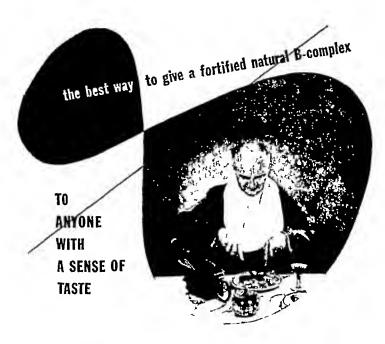
The device was first conceived by Mr Kearsley at the suggestion of Dr Louis Koller, also of the laboratory It is eventually expected to "prove a boon to patients as well as harried nurses," G.E. stated \*

## At the Helm

Bertrand H Snell, of Potsdam, was re-elected president of the board of directors of the A Barton Hepburn Hospital at its annual meeting at the hospital on July 17

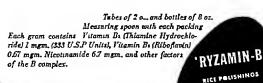
Other officers named at the meeting are J Edgar Boyer, of Ogdensburg, vice-president, James Hunt, Ogdensburg, secretary, and Edmund Fitzgerald, of Watertown, treasurer Three new directors named

<sup>\*</sup> Asterisk indicates that item is from a local newspaper



In tasty, rich, golden, honey like 'Ryzamin B' No 2\* Burroughs Wellcome has made available a most potent B complex preparation affording natural as well as pure crystalline B vitamins in a form which will not offend the patient's palate.

For the physician who recognizes the frequent indications for a potent yet pstatable B complex, 'Ryzamin B' No 2, a concentrate of oryza sativa (American rice) polishings, offers a preparation of unquestioned choice for administration to all deficient patients from finicky youngsters to capricious oldsters



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CONCENTRATE NO. 2

#### [Continued from page 2000]

at the meeting are Henry H McConville and Alfred Lavigne, both of Ogdensburg, and Frank VanElderstein, of Canton

Cohoes Hospital has a new superintendent Miss Elizabeth G Lautermilch, of Bayonne, New Jersey, has been appointed to the post by the hospital Board of Directors The appointment was effective as of July 15

Miss Lautermilch has already assumed her duties as superintendent She was named to succeed Miss Isabelle V Cameron who resigned the position on July 1 after having served as head of the institution

for a year

A graduate of Staten Island Hospital, New York City, Miss Lautermilch served as director of Warren Hospital at Warren, Pennsylvania, before coming to Cohoes She has done nursing work and acted as supervisor in a number of other hospitals, according to the board's announcement \*

Miss H Evelyn Ward was named director of nursing at Binghamton City Hospital on July 17 The appointment was effective August 15

Miss Ward was promoted from the position of assistant director, as Jerome F Peck, hospital superintendent, and the Board of Managers accepted the resignation of Miss Beatrice E Ritter

The board also accepted Mr Peck's resignation as

of July 31

The board created the nonpaying job of superintendont emeritus and appointed Mr. Peck to fill it

In appointing Mr Peck superintendent emeritus, board members expressed a desire to have his advice in connection with a proposed \$550,000 building construction program.

After the veteran superintendent's resignation becomes effective, operation of the hospital will be in charge of Marion Sawtelle, assistant superintend-

ent.

It was indicated that the board will not consider filling the superintendent's post on a permanent basis for at least a year, since members expressed hope that Mr Peck would be able to return to the

Miss Helen Succop, of Rochester, has assumed her new duties as director of nurses at the Geneva General Hospital She is replacing Mrs Hazel Bastian Wilson, who has been director of nurses at the hospital for the past three years

Miss Succop came to Geneva from Mcadville, Pennsylvania, where she was Nursi g Arts Director

and Director of Nurses \*

Four associate deans have been appointed to the staff of the Columbia University Medical Center, New York City, it is announced by Dean Willard Rappleye.

These appointments, in addition to that of Dr Bion R. East as associate dean of the School of Dental and Oral Surgery, previously announced, complete the administrative organization of the Medical Center

Aura E Severinghaus and Vernon They include W. Lippard as associate deans for medicine, Margaret E Conrad, associate dean for nursing, and Harry S Mustard, associate dean for public health \*

With twenty years of training and experience in obstetrics and in maternal and child health, Dr Adman L Carson, Jr, Richmond, Virginia, has accepted a temporary appointment as obstetrician-in-

chief of the Bassett Hospital, in Cooperstown
Dr Carson was graduated from the Medical College of Virginia in 1925 Following a short period as a physician in industrial medicine with the US Steel Corp, he took graduate training in obstetnes

in New York City

He was resident obstetrician at the old Nursery and Child's Hospital, which more recently has been absorbed by the New York Hospital as a component of the Department of Obstetrics of Cornell University Medical College For several years he was director of the county health department of Fairfax County, Virginia, and then became successively assistant director and director of the Bureau of Maternal and Child Health of the Virginia State Department of Health in Richmond

His graduate work also included studies at Harvard School of Public Health in maternal and childhealth administration During these years of pubhe-health work, with special attention to maternal and child health, Dr Carson was a teacher of obstetrics at the Medical College of Virginia, where he held the position of assistant professor. He has also acted as consultant in obstetrics in Richmond and the surrounding area. He is one of the seven members of the Maternal and Child Health Commission of Virginia Recently he was president of the Virgma Obstetrical and Gynecological Society a Fellow of the American Public Health Association \*

Ten newly commissioned Medical Corps officers have been added to the staff at Rhoads General Hospital for training, it was announced in July by Col A J Canning, commanding officer

The officers, all first heutenants, are

John T. McGeehan, Raphael De Horatius, Holstein D Cleaver, Jr, and Frank W Blair, all of Philadelphia, Paul D Houston, Plymouth, Maine, John Altmeyer, Walter J Blasco, George C Lewis, all of Pennsylvania, John P Chandler, East Bridgewater, Massachusetts, and Delbert Victor Newcomer, Kalamazoo, Michigan \*

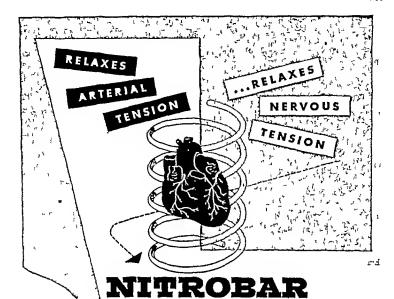
The annual meeting of the board of directors of the Champlain Valloy Hospital in Plattsburg was At that time the held at the nurses home, July 23 officers of the board were elected

The following is a list of the officers elected president, Emmett J Roach, vice-president, Robert C Booth, secretary, Simon E Fitzpatrick, treasurer, Fred Justin John C Agnew was elected a member of the board

of directors '

The first regular meeting of the re-organized Board of Directors of the Johnstown Hospital Corporation in Gloversville was held on July 10 at the David A. Wells homestead, in Johnstown, re-cently offered as a site for a hospital in this city

[Continued on page 2004]



## IMPORTANT ACCOMPLISHMENTS

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I gradual lowering of the blood pressure and a subsequent prolonged period of low pressure

2relaxation of the patient's general nervous tension

The bismuth subnitrate (5 gr) in Nitrober is reduced in the intestine and thus provides a gradual stream of nitrite lons which relax the vessel walls and bring the blood pressure down in a long curve, maintaining this low level for a matter of hours.

The addition of phenoberhatal  $\frac{1}{2}$  gr together with ext. passaflors  $\frac{1}{2}$  gr and ext. lupulus  $\frac{1}{2}$  gr induces the mental relaxation" necessary to relief of hypertension Nitrobar Comp is supplied in engestic coated red tablets. Caution Use only as directed

Battles of 100 500 and 1000

McNeil Laboratories

[Continued from page 2002]

City Attorney Alfred D Dennison, who was instrumental in securing this splendid gift, was elected president of the board He succeeds Richard M Evans, who has held office since the board was first

organized about twenty years ago
It was reported that already a half dozen offers have been received from persons desiring to furnish a room in the new hospital as a memorial for one of their family, or aid in the purchase of equipment,

The following other officers were named vicepresident, John E Wells, secretary, Attorney Anson Getman, assistant secretary, Attorney Walter J Hogan, treasurer, Milton C Sutton, and assistant treasurer, William H Van Voast \*

## Newsy Notes

Increasing numbers of elderly and middle-aged people utilizing the social service departments of hospitals, probably as a result of the war or a broader understanding of the problem by physi-cians, have given this branch a foremost place in the postwar expansion program of the Buffalo General Hospital

The hospital board engaged in raising \$4,000,000 to erect a new building and expand present facilities sees the need for a large social service department in reports showing an increase in the number of old

people

Believing the aged will continue to be one of the country's major problems in the future and that many will be referred to hospitals, every step will be taken to meet the situation, board members agree

For several years, General's social service department has been more than handicapped for lack of suitable space and facilities, more so than any other department. It is hoped through the postwar expansion program that the situation will be remedied to the extent that greater service than ever before may be rendered \*

Employees of Marcy State Hospital have oversubscribed their self-established quota of \$15,000 for the Seventh War Loan by \$253 and have allocated the funds to Whitesboro and Stittville to enable those places to meet their given quotas, Dr Neil D Black, chairman of the drive in the hospital, has announced

The hospital is not located within a district which has a given quota and during the last four bond drives has established its own goal Of the funds raised, \$7,000 will be allocated to Stittville and the remainder to Whitesboro, Dr Black said

There are approximately four hundred employees in the hospital A meeting was called of the heads of departments when a goal was decided upon and

Dr Black was elected chairman

The White Plains Branch of the New York Orthopaedic Hospital, closed for two years, has been sold to the Catholic Archdiocese of New York, it was disclosed recently

The use to which the property will be put has not been decided, it was said Presumably it will be

used either as a hospital or school \*

With \$400,000 already subscribed toward the Building Fund of the Columbia Memorial Hospital much interest was taken in the reports of the Memorial Gifts Committee and the Industrial Committee at the dinner meeting held in the General Worth Hotel, Hudson, on July 18 James E Leath, of Kinderhook, introduced the speakers, among whom was Liu Liang-mo, Chinese lecturer and writer Mr Liang-mo is a graduate of Shanghai University

and did graduate work in sociology at the University of Pennsylvania

In his own country, he is called the "Morale Builder of China" because of his work in bringing the soldier and civilian together for better understanding '

Plans for the construction of a medical and surgical building at the Hudson River State Hospital as a postwar project are nearing completion, according to Dr Frederick MacCurdy, commissioner of the State Department of Mental Hygene The estimated cost of the structure is \$2,400,000

At the same time, Dr MacCurdy said that plans for a \$600,000 storehouse and cold storage building, including a bakery, have been completed and that plans for an addition to accommodate 350 additional tubercular patients at Hudson River State Hospital are being developed — It is estimated that this addi-tion, plus the cost of demolishing some other buildings, will cost \$925,000 Another project calls for acquiring additional power plant equipment at a cost of \$300,000

Dr MacCurdy said the state is preparing a postwar building program for its mental hygiene institutions that eventually will entail the spending of \$130,000,000 and that when the program is completed, the institutions should be equipped to handle the state's mental patients for many years \*

Approval of a site for a new veterans' hospital was announced in July by representatives of the U S Veterans Administration and the Saratoga Springs authority \*

The third report of the Monticello Hospital The highlight of drive showed a total of \$73,441 the report meeting was the returns made from the Village of Woodridge Louis Blumberg, Bons Fogelson, Morris Fox, Mrs William Krieger, M Kaplan, Mrs Casper, and others, all assisted in this fine work, making a partial report of the Committee, totaling \$5,000

Earl A Stratton, general chairman for South Fallsburgh, reported \$2,000 additional

The Monticello men and women reported \$3,353, thus bringing the total up to \$73,441 \*

Through the efforts of the Auxiliary of the Saranac Lake General Hospital a total of \$2,187 34 has been raised for general upkeep and other needs of the hospital

A net profit of \$1,000 was realized for the show, "Hi-Lites of 1945," which was presented July 2 in

[Continued on page 2006]



# How comfortable can a cold be?

The sneezes and the snuffles usually run their course—but a few drops of Sulmefrin make breathing easier and bring quick comfort. Nasal congestion is relieved and the danger of sinusitis and other bacterial infections con siderably lessened

Sulmefrm is a stabilized aqueous solution of an effective vasoconstrictor—44-desoxyepbedrine bydrochloride (0.125%)—plus sulfathiazole sodium (2.5%) Miklly alkaline, non irritating, Sulmefrm does not impede ciliary action. Administered by spray, drops or tamponage.



SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1868

[Continued from page 2004]

The gross returns the Harnetstown town hall

from the evening were \$1,388 30

The show was presented by professional and local talent and organizations of the village Mrs W Warriner Woodruff was chairman of arrangements for the show

A net profit of \$1,18734 was realized from the Hospital rummage sale, tag day, and food sale held June 23 in Saranac Lake Mrs Spencer Schwartz

was the chairman

2006

The tag day under direction of Aaron Shapiro netted \$404 10, the food sale held by the Sisterhood of the Jewish Community Center raised \$180, and the rummage sale returned \$603 24 \*

The United States Veterans Administration has approved a new contract with Albany Hospital for bed patient care of World War II veterans with service-connected disabilities

The new contract, which runs for the entire 1945-1946 federal government fiscal year, replaces one

negotiated last April

News of the approval of the latest contract reached Mr George J Pickett, Albany County veter-ans' service officer, in a letter from Rep William T Byrne, whose influence was enlisted in the days when stricken World War II veterans were literally charity patients, being transported for medical attention in police prowl cars

Dr Thomas Hale, medical director of Albany Hospital, confirming the news of the new contract, revealed also that the Veterans Administration had agreed to increase the rate for bed patient care from

\$6 92 to \$7 52 a day

The original rate was based on experience under the Federal Government's maternal and infancy Under the law, the rate is re-evalucare program ated once a year As a result of the latest re-evaluation, the Veterans Administration now is paying the higher rate for bed patient care of Albany Area veterans

In addition, Dr Hale said, a contract for clinical visit care for veterans with service-connected disabilities has been renewed at the old rate of \$150 a

As a result of these developments, Albany area veterans with service-connected disabilities are assured of both types of care at Albany Hospital until June 30, 1946 \*

A \$76,000 loan to New York City for completion of plans for a hospital for study and treatment of tropical and communicable diseases was approved on July 16 by the Federal Works Agency in Washington The 300-bed hospital, to cost \$2,200,000, is planned by the Department of Public Works as a postwar project

Under an agreement drawn up with Mayor La Guardia, it will be staffed by the Columbia-Presbyterian Medical Center \*

With W Beach Day, of New York City, chairman of the Board, presiding, the annual meetings of the members and directors of the Mary Imogene Bassett Hospital, Cooperstown, were held in the library of the hospital on July 18

In addition to the transaction of the routine business of the board, including the presentation of

several reports, the resignation from the Board of Henry R. Labouisse, Jr, of New York and Washington, was accepted To fill his place, Stephen C Clark, of Cooperstown, was elected a member of the board \*

[N Y State J M

At a meeting of the Board of Directors of the Dodge Memorial Hospital Association on July 17 at Erwin Library, in Boonville, a resolution was adopted by those in attendance which authorized and directed the officers of the association to convey the land and building formerly belonging to the Dodge Memorial Hospital Association to the Village of Boonville The resolution was adopted on the condition that it be used for public purposes and

shall carry the Dodge name
Frank W Whiter, chairman of the Board of

Directors, presided over the meeting \*

Medical and surgical supplies have been received by the Tarrytown Hospital from the Tarrytown Office of Civilian Defense, it was announced at a recent meeting of the board of directors of the hospital Miss Madge Cook, hospital superintendent, said that she was "extremely grateful" for the many items received \*

The Arnold Gregory Memorial Hospital, in Albion, is a beneficiary to the amount of \$12,000 or more in the will of Miss Belle O Stafford, of Rochester, who died there June 17, leaving an estate estimated at \$55,000 in value \*

John W Fiske, who for the past eleven years has been superintendent of the Northern Westchester Hospital, in Mt Kisco, has resigned his position, On that date he will become effective October 1 superintendent emeritus

During the period of Mr Fiske's superintendency, the hospital has been enlarged in the number of rooms and patients accommodated, and has in other respects improved its facilities Last year a campaign was undertaken and successfully completed

for a fund to make extensive additions \*

A \$12,000 memorial subscription to the Buffalo General Hospital Building fund has been received from Thomas B Lockwood, it was announced on July 23 by General Chairman Carlton P Cooke It will establish, as a memorial to Marion Lobdell Lockwood, the solarium atop the new hospital building

In memory of her husband, George F Rand, Jr, F Rand, president of Children's Hospital, Mrs George F Rand, president of Children's Hospital, has subscribed the cost of building, furmshing, and equipping two private rooms on the seventh floor of the new building

A bed in a semiprivate two-bed room on the second floor of the expanded hospital will be established as a memorial to Charles Miller Ramsdell through a

\$2,100 subscription by Mrs Charles M Ramsdell
A bed in a 12-bed ward on the third floor will be
memorialized in the name of Josiah Letchworth

[Continued on page 2008]

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through the \$1,500 subscription of Mrs Josiah Letchworth and Geoffrey J Letchworth

Three new subscriptions by corporations and individuals totaling \$16,200 were reported on July 25

Mrs Grace R Johnston subscribed \$7,200 jointly with the J W Clement Co for a four-bed room on the fourth floor of the new building in memory of her husband, David Lorimer Johnston.

In honor of Edward J Barcalo, a subscription of \$6,000, covering the cost of hulding, furnishing, and equipping a medical study room on the ground floor of the expanded hospital was made by the Barcalo

Manufacturing Co
Subscribed by Harry F Coward, Charles H Hickman, and Raymond W Wattles, of the firm Hickman, Coward & Wattles, Inc, was \$3,000 for a waiting room on the second floor The dedicatory tablet is to be inscribed, "Patience Is a Virtue"\*

Vast plans for enlargement of the state's facilities for the care of mental cases include an expenditure of \$6,000,000 for new Rochester State Hospital construction, it was disclosed on July 22

Dr John L Van de Mark, superintendent of the hospital, in revealing the planned expansion, said, however, that the whole enlargement program is in a state of fluidity and plans as of the present are not crystallized into blueprints

In total, the State Department of Mental Hygiene plans to spend \$150,000,000 in a postwar building program, it was reported from Albany \*

Mr and Mrs Ernest L Woodward, of Le Roy, have given to St Jerome Hospital, in Batavia, \$50,000 to be added to the fund for the crection of the new hospital building, which is to be erected as soon as postwar conditions permit

The gift is made as a tribute to Cpl Robert Louis Graney, son of Dr and Mrs Charles D Graney, of Le Roy, who was killed in action in France in October of last year \*

The Wyckoff Heights Hospital, in Brooklyn, announces that its School for Practical Nurses opened September 1 Young women of 18 or over, with two years of high school or its equivalent, are

eligible to enter
The course is of one year's duration, and consists of classroom instruction, and, after a few weeks, practical work in the hospital wards, under direction of the instructiess. Those who successfully complete the first three months will receive caps. Upon the completion of the entire course, there will be commencement exercises, with the awarding of hospital pins and diplomas, and the graduates will be fully qualified to take the New York State examination for licensing as graduate practical nurses.\*

The Hygena Nursing Bottle Co has subscribed \$12,000 to the \$4,000,000 Buffalo General Hospital Building Fund to establish a memorial in the enlarged General Hospital, Henry W Wendt, chairman of the committee on corporation subscriptions, has reported

The memorial, Wendt said, will be a nursery on

the north floor of the new hospital building in honor of Dr William More Decker, the inventor of the Hygeia wide-mouth nursing bottle \*

George W Furey, of Brightwaters, again heads the annual drive to secure funds for the maintenance of the Southside Hospital, Bay Shore \*

About 2,000 persons attended the picme at Rhoads General Hospital picme grounds, which climaxed the celebration at the hospital of the 170th anniversary of the Army Medical Department on July 27

Residents of Utica and vicinity were thanked by Colonel Canning, commanding officer of Rhoads Hospital, at the morning ceremonies for "their splendid cooperation and generosity, without which the hospital could not have accomplished the great work it has been doing for the past two years"\*

Fourteen Gray Ladies, newly assigned to the Occupational Therapy Department at Rhoads General Hospital, were guests of the department on July 24 at a "welcoming tea" in the Officers' Club Capt Newton C McCollough, assistant chief of

Capt Newton C McCollough, assistant chief of the orthopedic section and chief of the occupational therapy department, spoke on the purpose of the work which the Gray Ladies are expected to perform in the wards and described some of the patients they will meet

The fourteen Gray Ladies, selected from the new class which recently commenced work at Rhonds, will do occupational therapy work in the bed wards, assisting patients who are unable to go to the Occupational Therapy Shop They'll teach leather work, chip carving, cord knotting, clay modeling, woodburning, and the making of bracelets \*

Repair work on the foundation of Millard Fillmore Hospital in Buffalo got under way in July The project will cost an estimated \$35,000

The project will cost an estimated \$35,000 Superintendent Harold Grimm emphasized that there will be no new construction and that only the foundation of the old building, erected in 1927, is to be repaired New steel pilings must be driven under some of its columns \*

Ground was broken on July 25 at Auburn Citi Hospital for the new War Memorial Building The new building will be of brick, four stories in height and 92 feet in length. It will add forty-seven beds, mostly in private rooms, to the hospital's present facilities, which for some time have been hard pressed to care for patients admitted and essential facilities. While no date has been specified for the completion of the building, because of shortages and restrictions occasioned by the war, construction is to he pressed as rapidly as conditions permit.

The membership board of St John's Hospital, Batavia, held its annual meeting during July and reports of President George J Madden and Treasurer Richard Hannan were received and tentative plans for future operations considered

[Continued on page 2010]



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tion, it yields a more uniform product, virtually free from irritant properties. The vehicle in which this liquor earbonis detergens is presented to the usues, assures full utilization, thus making TARBONIS therapeutically equivalent, if not superior, to tar outments of much higher concentration.

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### [Continued from page 2008]

The hospital was opened to convalescent and chronic patients following the termination of the contract with the Board of Supervisors in 1942 For twelve years prior to that the hospital had been used as a county sanitarium for tuberculosis patients \*

Construction of a \$50,000 addition to the patients' recreation building at Rhoads General Hospital, Utica, has been started, it was announced on July 25 by Col A. J. Canning, commanding officer

The addition, three two-story wings on the front of the present two-story building, will be constructed by the middle of September, according to First Lt. William L McGarry, assistant post engineer \*

Nassau County needs one thousand eighty-four more hospital beds to care for its present population alone, County Executive J. Russel Sprague declared in Mineola on July 25 in an appeal for the Long Beach Memorial Hospital Fund Campaign for which he is honorary chairman

"According to the United States Public Health Service," said Mr Sprague, "there should be a minimum of 4 6 hospital beds for each 1,000 population. That means that Nassau, with its present population of approximately 500,000, should have at least 2,300 beds to care for immediate needs We have only 1,216, a deficit of 1,084"\*

The hospital in Greenport started its annual campaign for maintenance and buildings funds in July \*

## ATTENTION INSURANCE COMPANIES

We have watched the development of hospital and sickness insurance in the past several years and we are convinced that the standard model United States citizen can be taken care of better, more completely and efficiently by private insurance interests than by governmental control, but there is one gent we would like to get our hands on—it's that verbose hombre who conjures up all the foolish questions on the various insurance forms—those blanks of iniquity that are firmly presented to the doctor with a request to "Please fill in." These forms are to be completed by the physician so that the patient will be able to secure some negotiable Morgenthau pocket lettuce to pay the hospital bill and doctor—if and when.

The insurance company merely wants to know the patient's name, address, sex, age, married or single, occupation, present illness, past history, physical examination, laboratory tests, x-ray reports, operation performed, type of anesthetic used, pathologist's report, name of the hospital, exact hour of admission, exact hour of discharge, length of total disability, length of partial disability, and so on into the night At the end of all of these questions the physician is asked to give his permission for the in-

surance company to inspect the hospital record so that they can get the same information which he has just given them

Oh, Aesculapius! Oh, Apollo! Grant us rehef from this deluge of forms, blanks, and questionnaires

There used to be a time when illness was quite a confidential matter—something intimately personal between the patient and the physician, now what happens at the doctor's office and at the hospital becomes more or less common property for all the investigators, clerks, and roustabouts interested in knowing something about somebody else. It's like having a physical examination on the City Hall steps at high noon

We appreciate the problems of insurance companies in their efforts to get important information concerning their policy holders, but many of the questions asked are entirely unnecessary and rhetorically redundant. The present lack of simplicity in the ever-increasing number of insurance questionnaires regarding accidents and illness is what is driving physicians to the brink of despair—for some it's no drive, just a short putt—J J Lightbody, M.D., in Detroit Medical News, June 18, 1945

## NEW TYPE AMBULANCE

An improved ambulance, which will carry 12 instead of 4 litter cases in greater comfort, has been developed at the request of the Surgeon General by the Ordnance Department in collaboration with the Army Medical Department By May 31 twenty-five of these new ambulances were carrying casualties from ships and planes to Army Hospitals

The new ambulance has an alumnum body with a front-wheel drive which allows the bed of the truck to be placed lower, making it easier to move patients in and out It is smoother riding than the old type and provides such refinements as a heater for use in cold weather, roof ventilating fans to keep the air fresh, window shades to provide privacy in traffic, and individual electric lights over each litter. There are ample compartments for bedding and utensils. A comfortable scat is provided the attendant next to the driver. Both sit enclosed with the patients—Connecticut State M. J. June, 1945

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When tissue stimulation is required to induce healing, Morruguent Ointment has proved of highly beneficial influence. Since it contains the unsaponified active principles of cod liver oil in concentrated form, it is more powerful than cod liver oil itself

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## Iron Tablets to Blood Donors

Since the inauguration of the Blood Donor Service to procure blood for military use, certain centers have been used as "pilot" centers to investigate methods pertaining to the taking of blood and to observe the effects of the donating of blood on the donors themselves Early in the program investi-gators in the Columbus, Ohio, St. Louis, Missouri, and Detroit, Michigan, centers began a study on the effects of iron on the regeneration of hemoglobin These studies have now been completed and soon will be published in detailed form, but we would like to bring a few of the conclusions to your attention at this time First of all, it is apparent that less than 1 per cent of male donors have a hemoglobin level of lower than 12 3Gm per 100 cc of blood, which is the threshold level that we have established for Practically all of the both male and female donors eligible male donors, that is, those with hemoglobin above 123 Gm, regenerate their blood quickly and almost all of these attain their predonation hemo-globin level in four weeks or less. The investigation of female donors, however, showed somewhat different results Approximately 10 per cent of women in the 18- to 60-year age groups who appear to make their first blood donation must be refused because they have less than the threshold level of 123 Gm Furthermore, those with hemoglobin above this level show a considerable variance in the speed of regeneration after a blood donation Some form new hemoglobin as rapidly as males, but most of them take a longer time and a few will not reach their predonation level by the end of eight to ten weeks, at which time they may have made appointments for another donation. It was the two latter groups that we were particularly interested in and it was found that hemoglobinogenesis was meas-urably and significantly increased by the taking of even as little as 5 grains of iron daily

We feel that blood donors have an increased demand for iron that can be in a sense compared to the increased demand for iron known to be present in the last trimester of pregnancy In the latter it is almost universal practice to prescribe iron to maintain iron reserves and it is apparent that many blood donors likewise will benefit by supplemental

Beginning shortly, the American Red Cross New York Blood Donor Center will offer to each female donor an envelope containing approximately one liundred 21/1-grain tablets of a ferrous salt No insistence will be made that they take the tablets, and they will be given only to women who have just completed a blood donation Under no circumstances will iron tablets be distributed to anyone who is rejected as a donor because she fails to meet our hemoglobin standard Objections may be raised by women who have donated previously but they will be, as in the past, referred to their own physicians

The following is a copy of the inscription on the envelope which the donor receives

### To Blood Donors

As millions know from experience, healthy adults can donate a pint of blood every eight weeks without impairing their health in any way The body soon replaces the blood given, which is composed principally of fluids, proteins, and red blood cells containing iron. All these are obtained through a normal diet, with the occasional exception of iron

Recent studies conducted by the Blood Donor Service, however, demonstrate that addition of iron to the diet of women donors usually speeds replacement of the red cells, just as salt tablets on a hot summer day speed the replacement of salt lost through perspiration Accordingly, enough iron tablets to replace the amount of iron in a pint of blood are now being given to donors desiring them

Those wishing to take them should take one tablet before breakfast the first day dollowing the donation, one before breakfast and one before lunch the second day, and one before each meal the third day, and thereafter until all the tablets

in this envelope have been used

MARY HEISS BOYNTON, M D Physician-in-Charge Red Cross Blood Donor Service New York, New York HENRY S BLAKE, Lt (MC)USNR National Technical Director Blood Donor Service American Red Cross

## Mental Hygiene Clinics

A forward-looking step has just been taken by Westchester County in appropriating funds for the establishment of a county-wide network of mental hygiene clinics to render psychiatric service to adults and children These clinics are to form a division of mental hygiene in the County Department of Health with a staff appointed by the Commissioner of Health Six of them will be spotted about the county in whatever localities show the greatest need, readiness to cooperate, and accesssibility to

The plan for these clinics organized with a Committee of the Westchester County Council of Social Agencies which later became the Mental Hygiene Association of Westchester County A small group spent a year in assessing the existing facilities, the need, and possible plans for expansion of the heretofore meager services Their plan was first of all presented to the County Medical Society for criticism and endorsement Having received the unqualified approval of the Medical Society, the newly formed Mental Hygene Association then discussed its plans with the Commissioner of Health, the Commissioner of Public Welfare, veterans groups, nursery-school councils, parent-teacher organizations, the various family societies, school beautiful and the societies, school and the societies of the societies of the societies. principals and superintendents, and public-health With the backing of these nursing organizations groups the Commissioner of Health, Dr William A Holla, presented the plan to the County Board of Health In April, 1945, Dr Edwin G Ramsdell, Chairman of the Board of Health, and Dr Holla presented the plan much as originally outlined to the County Board of Supervisors The appropriation was made by the Supervisors on August 6

The Westchester plan for mental hygiene clinics is unique in several aspects First of all, it provides wider county coverage of service than any plan now

in operation

the surrounding area

Second, it is unique in New York State in so far as In Westchester County the it affects the veteran veteran and his family will receive psychiatric treatment in a general mental-hygiene climic for the community rather than in a service "for veterans

[Continued on page 2014]



WHEN the physician reaches a decision that conception would present an undue hazard to health, the "RAMSES" Flexible Cushioned Diaphragm may be prescribed with confidence. The unique patented construction of the rim provides a wide unundented area of contact with the vaginal walls, plus a buffer against spring pressure.

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[Continued from page 2012]

only" Medically speaking, this would seem to be a sound program, for surely an initial step in the treatment of a psychoneurotic veteran is his accept-Westchester has set ance of his status as a civilian up its mental hygiene service in such form as to favor

such acceptance

Third, in recognition of the shortage of psychiatrists the plan has been devised to make the most economic use of such psychiatric supervision as can be secured Each of the clinics will be staffed by a qualified psychiatric case worker who will not only make case studies but carry on a certain amount of actual therapy under the supervision of the directing psychiatrist A central staff for the whole county consisting of two psychiatrists, a case supervisor, and a psychologist will circulate among all six Treatment for the more complex cases will be given by the psychiatrists Other patients will be treated by the case worker under the psychiatrist's supervision and with occasional direct assist-

Fourth, the Westchester plan is unique in the flexibility of relationship between the County Health Department and those cities in the county which are not in the county health area, but have their own health departments under direct supervision of the State Department of Health By special arrangement with the state authorities the county will receive reimbursement for half the cost of the mental hygiene services and then may provide service to any city not within the county health area which desires such service at cost. Mount Vernon, one of the cities outside the county health area, has already signified its desire to contract for mental hygiene service under this plan Public opinion on the same question is becoming articulate in Yonkers

No final decisions have been made as yet on the location of clinics, other than that in Mount Vernon, and the staff has not yet been employed With the assistance of a Clinic Committee nominated by the Mental Hygiene Association and appointed by the Commissioner of Health, the Commissioner of Health is drawing up staff qualifications based on state requirements and also on the peculiar demands of the Westchester situation The Commissioner of Health admits that the search for psychiatrists, psychologists, and case workers with experience not only with adults but also in child guidance will be difficult Any staff suggestions that those reading this Journal may care to make would be wel-

The newly formed Mental Hygiene Association which originated and promulgated this plan is to act as the educational and interpretative arm of the clinics and, indeed, of that of other psychiatric services in the county which have been chiefly diag-The Association plans, with the conostre to date operation of the Health Department and Grasslands Hospital, of the Department of Welfare, to hold clinic study sessions, discussion groups, and conferences with those professional groups in the county who are circumstanced to be in touch with the need for psychiatric service, particularly general practitioners and pediatricians, ministers, school principals, guidance deans, and teachers of public and private schools, public health nurses, and social workers

It is hoped that these clinics will reach a cross section of the population With that purpose in mind service is to be on the basis of a graduated fee runming from nothing to approximate cost and based on ability to pay The clinics will offer not only psychiatric treatment, which is the service most lacking in Westchester, but also diagnosis of cases which may need other types of care and consultation with those who are troubled about the problems of children or adults but do not care to make a

direct referral

Physicians throughout the state will watch the development of this plan with interest. It is be-lieved that physicians of the state will note with pleasure that while the Mental Hygiene Association of Westchester County is a lay organization somewhat similar in function to the well-known tuberculosis associations in their field, the medical group is well represented in its councils Dr Laurance D Redway, Chairman of the Medical Society, and Dr Lawson G Lowrey, Director of the Brooklyn Child Guidance Clinic and resident of the county, are vice-presidents of the organization. The Board, which numbers about fifty, includes sixteen phys-cians, six of whom are psychiatrists, the balance being scattered among general practice and other spe-Partly because of medical participation in the Board and partly because of the conviction of the lay members that medical guidance in this field is essential, all of the planning which leads to the establishment of the new clinics has been carried out in consultation with the Westchester County Medi-We believe this is one among many faccal Society tors which augur well for the future of the clinics and the Mental Hygiene Association

> WILLIAM A HOLLA, M.D. Commissioner of Health Westchester County

August 13, 1945

## CHEMICAL STOPS TB GERMS IN TEST-TUBE EXPERIMENTS

Discovery of a new antigerm mold chemical that stops human tuberculosis bacilli in test-tube experiments is announced by Dr Isadore E Gerber and Milton Gross, of the Hudson County Tuberculosis Hospital in Jersey City (Science, June 15)

Whether the new substance will prove effective in treating tuberculosis is not stated in the scientific report, which covers only preliminary study of the substance Penicillin, most famous of the mold

antigerm chemicals, has no effect on tuberculosis germs The mold from which the new substance was extracted has not yet been completely identified but is one of a group of Aspergillaceae, of which family The scientists are Penicillium is also a member now striving to isolate and purify the active maternal in the mold extract and determine the growth conditions necessary for best yield.—Science News Letter, June 23, 1945

Voiv a great improvement in vaporated milk for infant feeding

# IE NEW NESTLÉ'S 'APORATED MILK supplies 400 units vitamin Da per pint

25 U S P units of vitamin D<sub>2</sub> (ir radiated 7 dehydrocholesterol) are added to each fluid ounce of this milk Vitamin D<sub>2</sub> a form of vitamin D produced in the human body by sunshine and identified with the principal natural vitamin D in cod liver oil

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## Woman's Auxiliary

## To the Medical Society of the State of New York

## County News

Nassau County The Woman's Auxiliary to the Nassau County Medical Society takes pleasure in announcing that the first meeting of their new and tenth year will be the customary Membership Tea on September 25 at the Nassau Hospital Audito-

At 3 15 PM Army Personnel will show a film entitled "Returned for Duty" Two or three war veterans will speak following presentation of the film on how our wounded soldiers are being helped

to regain their health

On October 30 the Auxiliary has been invited by the Nassau County Medical Society to join them at their meeting to hear Dr Joseph Lawrence, director at the Washington office of the Council on Medical Service and Public Relations of the American Medical Association

For the November meeting the Auxiliary is spon- . two or three times daily

soring the Cancer Institute which is being held at the Garden City Hotel on November 14 A most interesting program is being planned by the Nassau County Cancer Committee

From September 11-15 at the Mineola Fair, members of the Auxiliary served at the booths pre-

The general theme of the chibit was "Rehabitation," a subject of great interest to us all Static exhibits and movies, shown by the Army Signal Corps, were originally intended for use of Army Medical Static representation. Medical Staff personnel, but are now released for

public showing

The films, "Reconditioning of the Convalescent for Return to Duty" and "Diary of a Sergeant," which was recently reviewed in Life, were presented

## EXPENDABLE REFRIGERATORS PROLONG LIFE OF WHOLE BLOOD

Whole blood, flown from this country to the European Theater of Operations, keeps in condition for transfusions five days longer than formerly, or as long as twenty-one days, because of a new system of refrigeration inaugurated in April, according to the Office of the Surgeon General

The bottled blood is now being flown overseas daily in compact, expendable iceboxes made of metal foil on cotton insulating board which keep the blood within safe temperatures between 39 and 50 F The containers, measuring 21 by 21 by 25 inches, weigh only 105 pounds when carrying their full capacity of 24 bottles Each bottle contains about a pint and a half of whole "O"-type blood An elaborate system has been set up overseas to

complete delivery

The blood to be delivered is flown to focal points in all forward areas Blood bank detachments at these points service all Communications Zone medical installations in the area and truck the blood farther forward to advance detachments which deliver it to the operating surgeons

Brig Gen Fred W Rankin, USA, director of the Surgical Consultants Division, Office of the Surgeon General, stated that whole blood plays such a vital role in the saving of lives that anything extending its use is of prime importance —Connecticut State MJ,

June, 1945

## CIVILIAN COMMITTEE TO AID ARMY'S PROGRAM FOR THE BLIND

An Honorary Civilian Advisory Committee to the Surgeon General has been formed to cooperate in the Army's social adjustment training program for the blind

All members of the committee are individually

prominent in civilian work for the blind

At the first meeting held on March 21 at the American Foundation for the Blind in New York City, Dr Robert B Irwin, of New York City, was elected chairman, and Mr Joseph G Cauffman, of Overbrook, Pennsylvania, secretary, Mr Peter J Salmon, of Brooklyn, Mr W L McDamel, of Washington, D.C., and Mr. Henry P. Johnson, of Tampa, Florida were elected field consultants. These constitute the Executive Committee

Other members of the Advisory Committee include Dr Gabriel Farrell, of Watertown, Massachusetts, Mr Eber L Palmer of Batavia, New York, Col E A Baker, of Toronto, Canada, Mr Philip N Harrison, of Harrisburg, Pennsylvania, Dr Roma S Cheek, of Raleigh, North Carolina, Rev Thomas J Carroll of Navitor Massachusetts and Mrs Lee J Carroll, of Newton, Massachusetts and Mrs Lee Johnson, of Jefferson City, Missouri — Release from the Office of the Surgeon General, March 31, 1945



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## **Books**

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

## RECEIVED

The New-Born Infant A Manual of Obstetrical Pediatrics By Emerson L Stone, M D Third cdition Duodecimo of 314 pages Philadelphia, Lea & Febiger, 1945 Cloth, \$3 25

Dietotherapy Clinical Application of Modern Nutrition Edited by Michael G Wohl, M D Octavo of 1,029 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$10

Penicillin and Other Antibiotic Agents By Wallace E Herrell, M D Octavo of 348 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$500

Green and Yellow Cross Special Pathology and Therapy of Injuries Caused by the Chemical War Materials of the Green Cross Group (Phosgene and Diphosgene) and of the Yellow Cross Group (Mustard Gas and Lewisite) By Hermann Büscher, MD Translated from the German by Nell Conway Quarto of 156 pages, illustrated Ann Arbor, Edwards Brothers, Inc., 1944 Paper, \$400

The Fundamentals of Electrocardiographic Interpretation By J Bailey Carter, M D Second edition Octavo of 406 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, \$6.00

Poet Physicians An Anthology of Medical Poetry Written by Physicians Compiled by Mary Lou McDonough Quarto of 210 pages Springfield, Ill, Charles C Thomas, 1945 Cloth, \$5.00

Homicide Investigation Practical Information for Coroners, Police Officers, and Other Investigators By LeMoync Snydor Octavo of 287 pages, illustrated Springfield, Ill, Charles C Thomas, 1944 Cloth, \$5 00

Shoulder Lesions By H F Moscley, DM, (Oxon) Quarto of 181 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, \$4.50

Diseases of the Nervous System in Infancy, Childhood and Adolescence By Frank R Ford, M D Second edition Quarto of 1,143 pages, illustrated Springfield, Ill, Charles C Thomas, 1944 Cloth, \$12.50

#### REVIEWED

The Specialization of Medicine With Particular Reference to Ophthalmology By George Rosen Octavo of 94 pages New York, Froben Press, 1944 Paper, \$2 00

Dr Rosen has written an important and interesting discussion of specialization in medicine with

particular reference to ophthalmology

In addition to being a contribution to medical history, Dr Rosen's study will be of the greatest interest to those who are interested in sociologic aspects of the practice of medicine and especially in the current trend of medical practice. Specialists, particularly ophthalmologists, will be amused and in some cases chagrined to learn the low esteem in which specialists were held in other years. All physicians will find much of value in this scholarly work.

MILTON PLOTZ

Foundations of Neuropsychiatry By Stanloy Cobb, M D Third revised and enlarged edition of the work formerly known as A Preface to Nervous Disease Octavo of 252 pages, illustrated Baltimore, Williams & Wilkins Co , 1944 Cloth, \$2 50

This is the third cdition of Cobb's original lecture outlines to medical students. The title is misleading and is based almost entirely upon the addition of a chapter called "Psychopathology," otherwise, the book is an up-to-date example of a competent, simplo, understandable, and descriptive course in the foundations of neurology. Limited

to this scope, the book is excellent for medical students, and is a handy reference for physicians and even specialists, with good bibliographies at the end of each chapter and a good index. Cobb's antiquated concepts of psychology and psychiatry being subdivisions of physiology and neurology only damage the value of the book. His capacity for making the complicated neural mechanisms understandable in compact form should be sufficient. Subsequent editions should drop all references to psychology or psychopathology.

SAM PARKER

Arthritis and Allied Conditions By Bernard I Comroe, M D Third edition, revised Octavo of 1,359 pages, illustrated Philadelphia, Lea & Febiger, 1944 Cloth, \$12

This greatly enlarged third edition contains a wealth of knowledge on the subject presented in detailed, concise, terse form. The subject matter in every instance, after a running descriptive account, is "boxed in" in summary. Each chapter is complete in itself. There is very little controversal matter. A reading gives the impression that all has been well digested. The book is well illustrated and well supplemented by bibliographics. This volume is an important part of the library both of the specialist and the general practitioner.

GEORGE E ANDERSON

[Continued on page 2020]



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[Continued from page 2018]

Practical Anaesthetics For Students, Hospital Residents and Practitioners By J Ross Mac-Kenzie, M D Octavo of 136 pages, illustrated Baltimore, Williams & Wilkins Co., 1944 Cloth, \$3 00

Anesthesia with a Scotch accent is the theme of this short book. The author states that it is primarily for the teaching of interns and those general practitioners across the water who apparently still administer some anesthetics

The principles of anesthesia appear to be about the same in the British Isles as they are here, some of the preoperative drugs sound strange but probably are only so in name. The apparatus described is sometimes of British make and sometimes our more familiar American machines

The various chapters cover, in the customary routine method, the different anesthetic agents in common use and the apparatus necessary for their administration, the complications and sequelae of anesthesia, and the use of gases in therapy

It would seem to be a book very well suited to the groups for which it is written, short and to the point with all the serious pitfalls and dangers emphasized and the essentials for the student easy to find in the text

G W Tong

Boyd, M D Fourth edition, revised Octavo of 857 pages, illustrated Philadelphia, Lea & Febiger, 1944. Cloth, \$10

The fourth edition of this text, which has by now become a standard work in its field, carries many of the recent advances dealing with the pathology of internal diseases. Many of the sections dealing with the diseases of the cardiovascular system have been rewritten in part or in whole The new material added under this heading includes the demonstration of the collateral coronary circulation by injection, the relation of trauma to coronary thrombosis, and the history of cardiac infarction

Similarly, that portion of the work dealing with lung disease has been revised Information concerning the virus causation of pneumonia such as Q fever, pattacosis, and primary atypical pneumonia embodies the latest ideas on these subjects is a good account of asbestosis under the pneumokomotic lung diseases Mention is made in the text of the well-known blast injuries of the lung Also, in connection with war pathology, the syndrome of crush nephritis receives mention

All in all, the book still remains, by virtue of its recent complete revision, a companion text to the writer's Surgical Pathology and one which will serve the needs of the medical student as well as of those practicing physicians who have fortunately retained for themselves a live interest in the correlation of pathology with the clinical manifesta-tions of disease

THEO J CURPHEY

Surgery of the Hand. By Sterling Bunnell, M D Quarto of 734 pages, illustrated Philadelphia, J B Lippincott Co , 1944 Cloth, \$12

This volume is most timely and represents years of work by one of the most capable surgeons in this field It is the reviewer's opinion that a better book on this subject has never been written Every surgeon doing traumatic work should have this volume at hand at all times There may be some disagreement as to Dr Bunnell's method of removable-wire suture in tendon repair, but there should be no contention regarding the principle he has laid down for treating all injuries of the hand

The chapter on phylogeny and comparative anatomy is excellent and helps to explain some of our injuries, infections, deformities, fractures, and tumors

The chapter on tumors was written by Dr  $m L \, D$ Howard, Jr, and covers exceedingly well the unusual as well as the common variety of hand tumors.

The photographs and illustrations throughout this book are exceptionally clear and most instruc-

HERBERT T WIKLE

Segmental Neuralgia in Painful Syndromes By Bernard Judovich, M D, and William Bates, M D Octavo of 313 pages, illustrated Philadel-phia, F A Davis Co, 1944. Cloth, \$500

This book presents a fairly simple and clear description of the diagnosis and treatment of the various types of referred pain. This is a field in which in the past relatively little attention has been paid to the importance of the various supporting structures of the body as causes of pain remote from the area in which the disturbance originates

The authors should be congratulated on their simple and clearly illustrated accounts of the various

pain syndromes and their management

ARTHUR SHAPIRO

Modern Clinical Syphilology Diagnosis, Treatment, Case Study By John H Stokes, MD, Herman Beerman, M D, and Norman R. Ingraham, Jr, MD, with the collaboration of eight members of the faculty of the University of Pennsylvania Third edition. Octavo of 1,332 pages, illustrated. Philadelphia, W B Saunders Co, 1944. Cloth, \$10

The authors have achieved their purpose of producing "a single-volume, comprehensive summation of diagnosis and treatment factually authoritative and up to date" The material is chiefly arranged under the headings of bacteriology, pathology and immunology, diagnostic tests, treatment with arsenicals, heavy metals and iodides, diagnosis of primary and secondary syphilis including relapse, reinfection, and progression of lesions, late syphilis, which includes cardiovascular and unerosyphilis, congenital syphilis, and penicillin therapy All of the relevant data relating to these subjects are there—often in the minutest detail. The authors convey the impression that the arsenical drugs will continue to have a place in the management of, syphilis for another decade before being entirely replaced—presumably by penicillin

Excluding the index, the volume contains 1,272 pages with 911 illustrations and text figures be regarded as a reference book of the highest quality

ARTHUR W GRACE

With Special Practical Neurological Diagnosis Reference to the Problems of Neurosurgery Glen Spurling, M D Third edition Octavo of 237 pages, illustrated Springfield, Ill, Charles C Thomas, 1944 Cloth, \$4 00

The appearance of the third edition of this book within a period of nine years attests to its usefulness and popularity among undergraduate students and physicians not specially trained in neurologic

[Continued on page 2022]



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## [Continued from page 2020]

diagnostics The suggested outline for history taking, the observations to be carried out on physical examination, the consideration of abnormal cere-hrospinal-fluid findings, and the help that may be expected from roentgen-ray examination are all elaborated in an orderly and logical manner

E Jefferson Browder

All About Feeding Children By Milton J E Senn, M D, and Phyllis Krafft Newill Octavo of 269 pages Garden City, Douhleday, Doran & Co, 1944 Cloth, \$250

This is a practical and well-written book for parents who wish to know the "why and wherefore" of the feeding of their children. It is original in its substance, and is written in a style readily understood by lay people. Although it will not take the place of the doctor, it will help to supplement the doctor's directions and instructions. Physicians, other than pediatricians, will benefit from reading chapters 8, 9, and 10

HARRY APPEL

The Surgeon's Hands and Other Poems By Ida Norton Munson Octavo of 79 pages Boston, Bruce Humphries, Inc., 1944 Cloth, \$2 00

This little hook of short poems by a contemporary poet covers a variety of subjects. A large number of these poems are sonnets, the hook being named from the first one in the collection. The author sees "loveliness" in the surgeon's hands and praises them for their ability to ease pain and give rest to suffering humanity.

ARTHUR C JACOBSON

Theory of Occupational Therapy By Norah A Haworth and E Mary MacDonald Second edition Octavo of 148 pages, illustrated London, Bailliere, Tindall & Cox, 1944 (Baltimore, Williams & Wilkins Co) Cloth, \$250

Occupational therapy is more often discussed than actually practiced by physicians, but it is occasionally prescribed by many doctors. The war casualities have again brought this subject to the front, as the vast majority of the injured servicemen require some form of occupational therapy. The authors have rewritten their book, which first appeared in 1940. The present edition contains numerous additions adaptable to the war casualities. The book is brief, but covers the outline of the subject. It is really a sort of formulary of occupational therapy, and fills a definite need. The general practitioner, the specialist, and the physiotherapist will each find the book a very helpful aid in his work. It is highly recommended as a brief but authoritative outline of the subject.

IRVING J SANDS

The Etiology, Diagnosis, and Treatment of Amebiasis. By Col Charles Franklin Craig, U.S.A., Ret, D.S.M. Octavo of 332 pages, illustrated. Baltimore, Williams & Wilkins Co., 1944 Cloth, \$4 50

In the opinion of the reviewer it is no exaggeration to say that this book is one which should be in the possession of every general practitioner. As the author indicates in the preface, we may expect the incidence of amelic infection in this country to be increased by veterans returning from tropical service. "This will add to the already considerable percentage of infections with this parasite in this

country, conservatively estimated at 10 per cent of the population, and will render the diagnosis and treatment of this infection of still greater importance from the standpoint of public health"

This monograph on amchiasis represents the complete revision and hringing up to date of a previous work on the same subject by Colonel Craig, and constitutes a very complete account of Endamocha histolytica and the varied pathologic states and clinical manifestations to which it may give rise. Although written primarily for the practitioner, there is an excellent and extensive exposition of laboratory diagnosis.

There are many pertinent illustrations, both

drawings and photographs

E J TIFFANY

The Abortion Problem. Proceedings of the Conference Held Under the Auspices of the Committee on Maternal Health, Inc., at the New York Academy of Medicine, June 19 and 20, 1942 Editorial Committee, Earl T Engle, Ph D, and others Octavo of 182 pages, illustrated. Baltimore, Williams & Wilkins Co, 1944 Cloth, \$250

This little hook merits the attention of every physician, but gynecologists and obstetricians particularly will be interested and stimulated by this study. Apparently it is but the heginning of a serious attempt to solve a problem which is not a purely medical one, although physicians do well to assume leadership in its solution. The high standing of the participants and the quality of Dr. Taylor's work as chairman and editor make the book very readable.

CHARLES A GORDON

The Chemistry and Pharmacy of Vegetable Drugs Dealing With the Derivation and Properties of All the Principal Vegetable Drugs By Noel L Allport Octavo of 252 pages, illustrated. Brooklyn, Chemical Publishing Co., 1944. Cloth, \$4.75

This hook deals with the derivation and properties of all the principal vegetable drugs. The author himself admits that the subject matter is of interest only to those practicing pharmacy. Strictly speaking, it is a text on pharmacognosy. It can be used by the physician from time to time as a reference book, and then only on some academic question.

CHARLES SOLOMON

Textbook of Medical Treatment By various authors Edited by D M Dunlop, M D, L S P Davidson, M D, and J W McNee, M D Third edition Octavo of 1,218 pages, illustrated Baltimore, Williams & Wilkins Co, 1944

Each edition of this textbook.

Each edition of this texthook of Scottish medical practice (the third in five years) has been an improvement on its predecessor. The present edition

will be received with much satisfaction

Individual chapters may have been handled more successfully in other treatises but the volume as a whole is thoroughly satisfactory Extraneous material is rigidly excluded and subject matter often neglected in similar works is well handled. For example, there is an excellent chapter on psychotherapy and a superb section on the treatment of rheumatism with emphasis on physiotherapy.

MILTON PLOTZ

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[Continued from page 2022]

The Embryology of Behavior The Beginnings of By Arnold Gesell, M D , in colthe Human Mind. laboration with Catherine S Amatruda, M D Octavo of 289 pages, illustrated New York, Harper & Brothers, 1945 Cloth, \$5 00

This book concerns itself with the origin of behavior as it develops concomitantly with the bodily development of the embryo, fetus, and neonate In the early chapters the neuromuscular mechanisms are described, including the tonic neck reflexes Subsequent chapters deal with early fetal movements, breathing behavior, muscle tonus, and elec-The behavior of the fetal infant tronic integration and circumnatal infant is then described end of the book there is a photographic delineation of behavior patterns and growth sequences

This book will be of interest to those concerned with the subject of growth and development of behavior in the embryonic, fetal, and neonatal

period

STANLEY S LAMM

Internal Medicine Its Theory and Practice In Contributions by American Authors Edited by John H. Musser, M.D. Fourth edition, revised Quarto of 1,518 pages, illustrated Philadelphia, Lea & Febiger, 1945 Cloth, \$10

An excellent review of the fourth edition of this popular book is contained in the preface by the editor himself, Dr John H Musser It deserves to be read

Attention is called to the greater emphasis given diseases which until recently have received casual As an example, there is undulant fever, to which 12 pages are devoted

In the treatment of meningococcus meningitis mention of the use of penicillin is made in a perfunctory manner, here reference to it is less than 2 lines

The statement (page 231) that "sporadic cases of mild typhus fever known as Brill's disease have occurred in New York and other American cities, notably in the southeastern US" is not the presentday conception, the typhus occurring in the south-castern US is the murine type, while Brill's dis-case is a subclassification of the classical epidemic variety

The chapter on malaria and those on the more important tropical diseases receive adequate space

The treatment of subacute bacterial endocarditis covered in an 8-line paragraph. This demands is covered in an 8-line paragraph. This demands complete revision in the light of recent activity in this field. The statement, "Various drugs, vaccines, and serums have been tried without any apparent influence on the disease" is definitely not the up-to-date conception

One is pleased to note the omission of the special-These belong in separate textbooks

The omission of any reference whatever to psychosomatic medicine is underestimating its influence in modern medicine When one popular text on the practice of medicine begins with an introductory chapter on this subject, and a popular, widely read weekly lay magazine gives a detailed dissertation on it, then surely one expects it to be mentioned in a textbook on internal medicine

The progress in medicine is so rapid that to remain up to date the interval of time between the submission of the material and its publication must

be very brief indeed

S R. BLATTEIS

Arterial Hypertension Its Diagnosis and Treatment. By Irvine H Page, M D, and Arthur Curtis Corcoran, M D Octavo of 352 pages, illustrated Chicago, Year Book Publishers, 1945 Cloth, \$3 75

In this volume the authors have attempted to cover a very large field in a relatively short work, as a glance at the Table of Contents will show Nevertheless, the subject matter is in general well handled, if the arrangement is at times a little con-For example, in the chapter on psychotherapy it is not clear why the subject's diet, obesity, and the "iminor vices"—alcohol and tobacco—should The classification of hypertension is not very satisfying in that it includes a long list of diseases and conditions in which hypertension may occur and yet many of them play no part in the production of hypertension. The electrocardiographic changes seen in hypertension are well de-The chapter on tests of renal function scribed should be useful to those interested in the finer de-tails of complete renal study. The treatment of hypertension by nephrectomy and by operations upon the sympathetic nervous system is discussed in a sound and conservative manner The book is recommonded for what it purports to be—a manual for the care of the patient with hypertension

EDWIN P MAYNARD, JR.

American Medical Practice In the Perspectives By Bernhard J Stern, Ph D Octavo New York, The Commonwealth of a Century of 156 pages Cloth, \$1 50 Fund, 1945

Dr Stern's monograph is the first of a series of studies on medicine and the changing order sponsored by a committee of the New York Academy of Medicine In this indispensable introduction to the general problem, Dr Stern traces the development of American medicine, the attitude toward it of the American public, and the present status of medical practice especially in relation to trends for the future

Dr Stern has brought to his task an attitude sympathetic to the problem of the practicing physician and a long experience in dealing with the sociologic aspects of medicine His statistical data, which will now have to be modified drastically by the return of military physicians and possible changes in the conditions of practice, will be invaluable to anyone interested in this wide field His inferences, and occasionally some of his personal biases may be subject to attack, especially by the more conservative wing of medical opinion Nevertheless, all will welcome it as a challenging, though in some respects personal, statement of a pressing problem, always with us, but more urgent than ever in a rapidly changing world

MILTON PLOTZ

Casualty Work for Advanced First-Aid Students. By A W MacQuarrie, M B 32mo of 231 pages illustrated Edinburgh, E & S Livingstone, Ltd (Philadelphia, The Peter Reilly Co), 1944 Cloth,

This book is a ready guide for the advanced student or instructor in lectures to the laity in Part of the book contains the experiences and results of the bombings of Britain small enough to be kept in the pocket or in a first-aid



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# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL The members of the committee are Oliver W. H. Mitchell, M.D., Chairman (428 Greenwood Place, Syracuse), George Baehr, M.D., and Charles D. Post, M.D.

# Teaching Day for Orange County

CANCER will be the subject of a teaching day at the Middletown State Homeopathic Hospital, Middletown, New York, on Tuesday, September 18 The program will be presented under the auspices of the Medical Society of the County of Orange, the Tumor Clinic Association of the State of New York, the Medical Society of the State of New York, and the New York State Department of Health, Division of Cancer Control

The meeting will be called to order at 4 00 PM, and Dr George E Kenny, president of the Medical Society of the County of Orange, will give the open-

ing remarks

Dr H M Gasparian, assistant director of the Ogden Memorial Tumor Chinic, Cornwall, is chairman of the afternoon meeting, which will consist of the following three lectures "Cancer of the Skin and Allied Tumors," by Dr Earl D Osborne, professor of dermatology and syphilology, University of Buffalo School of Medicine, "Cancer of the Uterus and Vagina," by Dr Arthur J Wallingford, profes-

sor of gynecology, Albany Medical College, and "Diagnosis and Curability of Intraoral Cancer," by Dr Hayes Martin, attending surgeon, Memorial Hospital, New York City

The evening program will begin at 7 30 r m, with Dr James W Walton, roentgenologist of E A Horton Memorial Hospital Tumor Clinic, Middletown,

as the chairman

Dr Cushman D Haagensen, assistant professor of surgery, College of Physicians and Surgeons, Columbia University, and Dr George E Binkley, attending surgeon, Memorial Hospital, New York City, will give lectures on "Cancer of the Breast" and "Cancer of the Colon and Rectum," respectively

Dinner will be served at 6 30 PM at the Middle-

town State Homeopathic Hospital

The cancer committee arranging the program consists of Dr H M Gasparian, chairman, and Drs Earl R VanAmburgh, James W Walton, and Meyer Zodikoff

# Endocrines in Gynecology

NASSAU County Medical Society will be given postgraduate instruction in "The Practical Applications of Endocrines in Gynecology" on Tuesday, September 25 at 9 00 PM in the MacArthur Auditorium, Mercy Hospital, Rockville Centre, Long

Island Dr M A Goldberger, associate gynecologist at Mount Sinai Hospital, will give the instruction, which has been arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York.

## Cancer Instruction at Rochester

AN EVENING devoted to instruction on cancer will be held on Tuesday, October 9, at 8 00 r m at the Academy of Medicine, in Rochester

The two lectures arranged for the evening program are "Careinoma of the Colon," to be given by Dr John H Garlock, attending surgeon, Mt Sinai Hospital, and "Progress in Cancer Research," by Dr John J Morton, Jr, professor of surgery, the University of Rochester School of Medicine and Dentistry

Dr J Craig Potter is chairman of the meeting
The program is being presented under the auspices
of the Medical Society of the County of Monroe,
Rochester Academy of Medicine, the Seventh Distriet Branch of the Medical Society of the State of
New York, the University of Rochester School of
Medicine and Dentistry, the Tumor Clinic of the
State of New York, the Medical Society of the
State of New York, and the New York State Department of Health, Division of Cancer Control

# Sullivan County Lecture

"PENICILLIN Therapy" will be the subject of Dr R C Arnold's lecture on Wednesday, October 10, at 8 30 PM at the Lenape Hotel, in Liberty

Dr Arnold is a surgeon in the USPHS, at the Venereal Disease Research Laboratory, US Marine Hospital, Staten Island. His lecture has been ar-

ranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York for the Sullivan County Medical Society

This instruction is provided by the Medical Soeiety of the State of New York with the cooperation of the New York State Department of Health

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#### CADET NURSE RECRUITMENT EXCEEDS QUOTA

During the last twelve months 61,471 new student nurses have enrolled in schools of nursing, Surgeon General Thomas Parran of the Public Health Serv ice, Federal Security Agency, who administers the U.S. Cadet Nurse Corps announced on June 30 This is the second consecutive year the corps has exceeded its recruitment quota, he said

The quota for the fiscal year ending today was 60 000, he said. For the last six months of 1945 the annual quota will be the same as last year s. \lilitary and civilian nursing needs will be reviewed by the Public Health Service late in the year to deter mine whether any change in the student-nurse quota is indicated in relation to the course of the war

Dr Parran said that more than \$12,000,000 has been donated in news and advertising space to the Cadet Nurse recultment campaign by industry, press, radio, and screen, without cost to the Govern ment. This has been a major contribution to the success of the drive he said.

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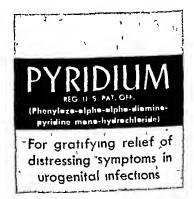
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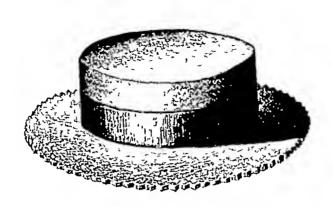
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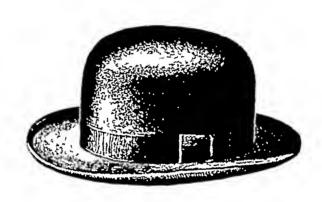
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**VOLUME 45** 

**OCTOBER 1, 1945** 

NUMBER 19

2079

2081

2082

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Pylephlebitis Under Penicillin and Sulfadiazine Therapy, Abraham O Wilensky, M D

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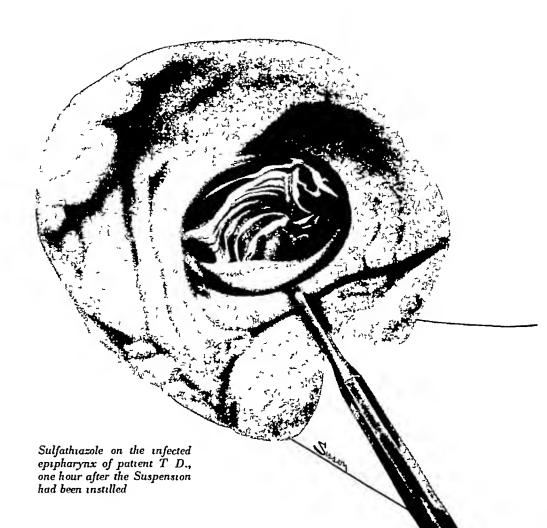
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bodily function is in a massoabnormal condition of health?

And in the sovereign State of California<sup>3</sup> A 1678 would "amend the medical practice act, (and) proposes to authorize the board of medical examiners to issue a herb practitioner's certificate" And Texas, in its turn

tioner's certificate" And Texas, in its turn has H 972 introduced to amend the medical practice act, proposes that nothing in the act shall be construed so as to affect 'naturopathic physicians,' duly licensed under the laws of the state, who confine their practice to naturopathy as defined by statutes"

• • •

Well, it seems that all the Empire State can show at the moment in the way of pseudo-scientific balderdash, aside from the perennial chiropractic bill, is the following

"At the close of a bombastic dissertation on psychiatry, metaphysics and related subjects Royal Leo Gaynor, dean of a two-room academy of higher learning raided as a diploma mill last fall, was convicted in Special Sessions Court today on charges of violating the State education law. The good doctor acted as his own attorney, with assists from the three judges of the court. They interposed objections when necessary and generally assisted in the defense

"Gaynor was found guilty soon after court con-

vened following the luncheon recess

"The first witness to appear against the 56-yearold educator was his colleague and vice-dean of the college, George William Manus Manus, 36, pleaded guilty to similar charges last week and will be sentenced March 14

"Manus testified that he had known Gaynor since 1938 and that both had taught the science of psychoplastics in California This science was not de-

fined "4

It was Phineas T Barnum, was it not, who said one was born every minute? His estimate was probably reasonably correct for his day and age

Communicable Disease Care In General Hospitals The Division of Communicable Diseases has just released a 16-page mimeographed pamphlet emphasizing the importance of applying sound aseptic measures in all departments of the hospital

but dealing particularly with such technics in the care of recognized communicable disease cases. Among the subjects discussed are the organization of a communicable-disease unit, individual equipment for the care of the patient, precautionary care in regard to attendants, disinfection and disposal of body discharges, and care of dishes, linen, equipment, etc. Variations in technics are grouped according to the anatomic source of the infecting micro-organism, i.e., nose and throat infections, enteric infections, and skin infections.

Most general hospitals have admitted persons with certain communicable diseases such as pneumonia, but illogically have refused others, such as those with meningococcal meningitis There is need today to widen the scope of acceptance so that a patient acutely ill with any communicable disease and in need of hospital care may re-This will mean only an occasional case, unless there is an epidemic Owing to the rapid downward trend of certain communicable discases and the abandonment of routine hospitalization as a community means of control, special buildings for the care of such diseases are empty or only partially utilized and are operated at high The alternative is hospitalization in the general hospital proper The new pamphlet, entitled "Precautions to Use in Giving Care to a Patient with a Communicable Disease, in a General Hospital," should be of help in showing how this may be done with safety to all concerned

Some hospitals may feel that it is unwise while there is a shortage of help to broaden the scope of their services in the care of communicable diseases. In such instances, the adequacy of present facilities and the training of personnel along these lines can at least be studied and a goal set for future attainment.

Copies of the pamphlet may be obtained either through local district health offices or from the State Department of Health, State Office Building, Albany 1, New York

The epidemiology and precautionary care of most communicable diseases has now been well enough established it would seem to justify such a procedure as is here called for Public enlightenment has reached a point where little or no opposition to such care in general hospitals should be anticipated, and the savings in money alone as well as economy of administration seem to recommend it to the taxpayer

JAMA., Feb 24, 1945

<sup>&#</sup>x27;N 1 Evening Sun Feb 26, 1945

#### ORTHOSTATIC (LORDOTIC) ALBUMINURIA

Including Studies on Patients in Hyperextension Body Casts

ABRAHAM I. FRIEDMAN, Lt ,(MC), AUS\*, and HILTON S READ, Lt Col ,(MC), AUS

(From the Finney General Hospital, Thomasville, Georgia)

THE presence of albumin in the urine of young individuals in apparent good health is often the cause for concern by physician and patient alike Ita presence abould initiate a thorough study in order to establish its cause scale physical examinations for inductees conducted by civilian and military physicians have demonstrated the importance of this fact Candidates have been rejected by medical examiners because albumin was found in their urino, although later studies showed that their albuminuma was of the benign type (Young, et al.,1 Murpby\*)

Ande from albuminuria due to organio disease of the kidney, there is a group which is probably the result of a minor physiologic disorder of the kidney This group is referred to as "benign albuminuma " MacLean, during World War I, after examining 50,000 soldiers in training, discovered that 5 per cent had albumin in their urine with no inflammatory process of their genitournary tract This percentage has been confirmed by other investigators. Some of these cases of benign albuminuria are transitory, and may occur after strenuous exercise, prolonged exposure to sun, cold baths, or the ingestion of large amounts of protem, but by far the greatest percentage of this group is related to posture, and induced by the upright position of the in-This was first described by Stirling dıvidual The name "orthostatic" (from the Greek, orthos-straight, statikos-standing), given it by Teissier in 1899, by which it is most commonly known, should be applied only to the appropriate subsection of benign albuminuria.

The cause of this condition is still unknown However, it is generally believed that orthostatio albuminuria is due to somo disturbance of the renal circulation, leading to congestion and venous stams induced by the upright position The pathogenesis has been the subject of dis-

cussion of two main schools of thought

Erlanger and Hooker<sup>10</sup> felt that the upright position in susceptible individuals induces a lowering of pulse pressure, with subsequent deficiency in renal circulation and consequent nppearance of albuminums. They showed that lowering pulse pressure favored appearance of albuminuria, while elevation of pulse pressure caused albuminum to disappear or diminish

Jeblo<sup>11</sup> felt that lordosis was the main contributing factor in producing orthostatic albuminurns According to him, lordous caused a mechanical obstruction to the renal circulation by pressure on the renal vein, resulting in renal The lordesis was most marked when the patient assumed an erect posture, thereby causing albuminums in this position, and disappeared when the patient reclined, accounting for the disappearance of albuminums in the recumbent position Many authors have tended to confirm this "lordotic" concept of orthostatic albuminums, among them Sonne (1920).11 Rieser and Russer (1922),13 and Beer (1937) 14

In 1937, Rytaud16 took intravenous urograms on patients both in the recumbent and upright positions, and found that some of the urograms were normal in the supine position, but became abnormal, with poor concentration of dve on the left side, when in the upright position of the anatomic position of the renal arterles and veins suggests that the left renal vein is more easily compressed than the right, inasmuch as it has to cross over to the right to join the vens cava In doing so, it is separated from the vertebral column by the aerta, which is a relatively firm structure Thus, if lordosis affects the kidney through mechanical interference, the left kidney might suffer the effect These observations have been confirmed experimentally on animals by Starr 15 when compression of the renal vein caused albumin to appear in the urine

Jeblo was ablo to induce or increase albuminuria in susceptible individuals by placing them in exaggerated lordosis. Some of these provocative lordotic tests have been very useful in the differential diagnosis of benign albuminuria case described below illustrates the lordetic type of orthostatic albuminuria and the use of these provocative tests

#### Case Reports

Case 1-A 24-year-old white private was admitted to Finney General Hospital on May 19. 1945 for surgical repair of a gunshot wound of the left index finger, incurred in Germany, February 2 1045 He was transferred to our Medical Service on June 27, 1945, because initial urinalysis showed presence of 3 plus albumin and nonprotein nitrogen was 40 9 mg, per cent. A review of his past history revealed enurces up to the age of 19, since that time he has hed mild necturia. He has never

<sup>\*</sup> Of 2175 Ryer Avenue Bronz, New York.

TABLE 1

Date	Type Specimen	Specific Gravity	Albumin	Microscopic Study
May 23, 1945 May 24, 1945	Casual Casual	=	<b>‡</b> ‡‡	Occasional calcium oxalate crystals, 1—3 WBC Few epithelial cells
June 29, 1945 June 30, 1945	On bed rest On bed rest	1 018 1 028	Neg Neg	Neg Neg
July 2, 1945 July 3, 1945	Up one hour On arising	1 030	H- Neg	Neg Neg.
July 3, 1945	Standing one hour	1 026	Trace	Neg

had any history of urinary-tract or venereal infection and has had no operations. On induction examination in July, 1944, he had to have a repeat urinalysis before being accepted for military service. He stated that his father had kidney and heart trouble and one sister had died of a heart attack.

Physical examination revealed a normal, welldeveloped, fairly well-nourished individual, 5 feet 8 inches tall, weighing 139 pounds His posture was very poor, with rounding of shoulders and moderate dorsal kyphosis His head and neck were normal, and his eye grounds revealed normal His tonsils were small but did not appear to be infected. His heart was not enlarged, there were no murmurs, and he had a normal sinus Blood pressure was 110/80-72 were clear to percussion and auscultation The abdomen was soft, the prostate was not enlarged nor tender The extremities were negative was no peripheral edema and reflexes were equal and active bilaterally

Laboratory studies, including stool specimen for ova and parasites, blood Kahn test, and malaria smear, were all negative A blood count taken June 26, 1945, showed a red blood count of 4,426,000, and a white blood count of 7,800, with 75 per cent neutrophils and 25 per cent lymphocytes, and hemoglobin, 95 per cent Nonprotein nitrogen on June 28 was normal at 27 4 mg, and creatinine was 15 mg Urine specimens taken on June 29 and 30, with the patient on bed rest, were completely negative both for albumin and on microscopic study On July 2, after being up for one hour, urinalysis showed 1 plus albumin Further urine studies taken on arising and at various times during the day after the patient was up showed the presence of albumin only when the patient was up on his feet These studies are summarized in Table 1

Renal concentration test showed good concentration with specific gravity ranging from 1026 to 1037 Total blood protein was normal at 74 Gm., with an albumin-globulin ratio of 46/28 Phenolsulphonphthalein test showed good excretion of dye, with a total excretion of 86 per cent after two hours An intravenous urogram was completely negative X-rays of the dorsal and lumbar spine showed minimal scoliosis and lordosis

Because of the accumulated normal studies and the demonstrable postural factor, it was thought that this patient had being albuminum of the orthostatic type. In order to confirm this, provocative lordotic tests were performed as follows. The patient was placed in exaggerated lordotic position by inserting three pillows underneath his lumbar region for one hour while lying in the supine position. At the expiration of the hour, urine was collected

for examination. The pillows were then removed, and urine was collected after he lay flat on his back, without the pillows, for another hour. The next day he was placed in exaggerated lordosis while standing, by having him arch his back considerably, standing away from the wall with his shoulders against the wall. After he was in this position for three-quarters of an hour, urine was collected. The results of these tests are shown in Table 2, and reveal a marked increase in the albuminum during the time that he was in exaggerated lordosis, and an almost complete disappearance of albuminums when he was again placed in a recumbent, flat position. Table 2 summarizes these findings

TABLE 2

Type Specimen /	Albumin	Microscopic Study
On arising	Neg.	Neg
Up on feet one hour	, <del>†</del> .	Neg.
Up on feet two hours Up on feet three hours	+++	Neg. Neg
Lying down one hour	Neg	Neg
Lying-marked lordosis for one hour (pillows)	+++	Neg
Lying flat on back (pillows re- moved)	Trace	Neg
Standing in marked lordosis,  3/4 hour	++	Neg

The patient satisfied all the criteria of orthostatic albuminum as mentioned by various authors recently (Young, et al., Prince<sup>17</sup>)

One naturally wonders if other, perhaps intangible factors, besides posture, are present in these individuals, or can orthostatic albuminuma be produced in normal nonsusceptible individuals by placing them in exaggerated lordosis? We therefore made some observations on a small series of orthopedic patients in the hospital who have been in exaggerated lordosis for several months due to hyperextension body casts for fractured vertebrae were encouraged to undertake these studies by Lt Col. Leshe E Bovik, (MC), Chief of the Surgical Service of Finney General Hospital Although the number of cases is small and cannot be considered representative, we believe that it gives some indication as to the role played by lordosis in the production of albuminums in normal individuals

Case 2—A staff sergeant, 24 years old, sustained a compression fracture of the sixth, seventh, eighth, and minth dorsal vertebrae, on March 17, 1945, in France He was put in a hyperextension cast on that date, and was admitted to this hospital on July 7, 1945 Physical examination was negative Blood pressure was 130/80 Urine studies on July 10, 1945, were morning specimen, albumin negative, microscopic study—5–10 red blood cells,

TABLE 3

Case No.	2	3	4	5	0
Age Data of Injury	24 March 17, 1945	27 April 15 1945	35 March 20 1945 D7	34 May 17 1945 Cl5	33 March 7 1945 D9
Fracture Level Urine Studies	D6 7 5 9	173			
Albumin Microscopie Studies	All neg.  Neg to occasional  red blood cell  per high power  field	All neg. Neg. to occasional white blood cell per high-power field	All neg. Neg. to numerous red blood cell per high-power hald	All neg. Neg.	All neg. Neg.
Specific Gravity Renal Function (Exerction after Two Hours)	1.010-1 022 Phenoleniphon phthalsin 100 per cent concen- tration test nor- mal	1 012-1 018 Phenoleulphon phthalein-78.5 per cent concentration test nor- mal	1 017-1 022 Phenoleulphon phthalein-81 per cent concentration test normal	1 015-1 024 Phenoleulphon- phthalein-100 per cent concentration test nor mal	I 010-1 020 Phenoisulphon phthelein0; per cant concen tration test nor mal
Nonprotein Nitrogen	29.5 mg per cent	30.6 mg per cent	20.2 mg per cent	28.6 mg per cent	20 4 mg per cent

an occasional white blood cell per high-power field, and a few epithelial cells. Uring on arising on July 11, 1945, was specific gravity, 1 010, albumin negamicroscopic study-negative. One hour after arising, the specific gravity was 1 020, albu min was negative, microscopic study-negative Two hours after rising specific gravity, 1022, albumin negative, microscopic study-negative. Urine on arising on July 13 1945 was albumin microscopie study-negative. Two hours after rising albumin was negative microscopic study-negative. Concentration test was normal, specific gravity, ranging from 1 022 to 1 023. Nonprotein nitrogen was 20 8 mg, and phenolsulphonphthalein test, 100 per cent excretion after two hours, 60 per cent after the first half hour

Case 3 - A 27 year-old corporal sustained a fall on his back in Italy, April 15, 1945, causing a fracture of the second lumbar vertebra. He was admitted to Finney General Hospatal on July 5, 1945 He had been in a hyperextension cast since April 15 Physical examination was negative Blood pressure was 124/82 Urine studies on July 7, 1945 were albumin negative, microscopic study shewed an occasional white blood cell per high-power field. On July 11, 1945, the urine on arising showed a specific gravity of 1.012, albumin negative, microscopic study-negative. One hour after rising, the specific gravity was 1 015, albumin negative and microscopic study was negative. Two hours after rising, the specific gravity was 1 015, albumin was negative, and the microscopic study was negative. Three hours after mang, the specific gravity was 1.018, albumin negative and microscople study negative. Nonprotein nitrogen was 806 mg. per cent. Phenolsulphenphthalein test en July 16, was 78.5 per cent in two hours, 57 per cent appearing after the first half hour

Case 4.—A 35-year-old private first class sustained to compression fracture of the seventh dorsal vertebra on March 20, 1045, in Germany A hyper-extension cast was applied on that date. He was admitted to Finney General Hospital en July 6, 1045 Physical examination was negative Blood pressure was 110/70 Urine studies on July 7 1045 were albumin negative, microscopie study showed 30 te 40 white blood cells per high-power field. Urine on anxing, July 11, 1945 was specific gravity 1.022, albumin negative, microscopie

study—negative. One hour after arising it was specific gravity, 1017, albumin negative, microscopic study—negative. Two hours after arising, the specific gravity was 1017, albumin was negative, and microscopic study showed numerous red blood cells, occasional clumps per high-power field. Three hours after arising, the specific gravity was 1018 albumin negative, and microscopic study showed numerous red blood cells, with occasional red blood clumps per high-power field. Non-protein nitrogen was 30.2 mg. Phenolsulphon-phthaken test showed exerction after one-half hour of 51 per cent, total exerction after two hours, 81 per cent.

Case 5 -The patient, 34 years old, sustained a fracture of the lamina of the fifth cervical vertebra. with subluxation of the fifth on the mith carvical vertebra in Germany, May 17, 1945 A hyperextension cast was applied on that date. Blood pressure was 120/78. He was admitted to Finney General Hospital on July 11 1945 Urine studies on July 16, on anxing, showed specific gravity, 1 024. albumin negative, and microscopic study—negative. One hour after ansing it was specific gravity. albumin negative, microscopic studynegative. Three hours after arising, the specific gravity was 1021, albumin negative, and microscople study negative. Nenprotein nitrogen was 28.6 mg. Urmalysis on July 17, 1945 at 1 30 r.u. was specific gravity, 1015, albumin negative microscopic study negative. Specific gravity at 4 30 P.M. was 1 022, albumin negative, microscopic study negative. Specific gravity at 5 45 P.M. was 1.016, albumin negative microscopic study negative. Phenelsulphonphthalein test showed 100 per cent excretion after two hours, 55 per cent appearing after half an hour The renal function (concentration) test was normal. The specific gravity was 1 019, 1 019, and 1 020,

Case 6—A second lieutenant, 33 years of age, was wounded in action in Germany on March 7, 1945, when his jeep hit a land mine. He sustained a compression fracture of the body of the ninth dersal vertebra. He was put in a hyperextension cast immediately, and was admitted to Finney General Hospital on April 17 1945 Physical examination was negative, blood pressure was 133/82. Urinalysis on admission showed albumin negative, and microscopie study negative. Urinalysis on July 15

1945, on arising, showed specific gravity, 1012, albumin negative, microscopic study negative One hour after arising, specific gravity was 1 020, albumin was negative, and microscopic study was negative Three hours after ansing, the specific gravity was 1010, albumin was negative, and the microscopic study was negative Nonprotein nitrogen was 294 mg Renal concentration test was normal, specific gravity ranging from 1016 to The phenolsulphonphthalem test showed a total excretion of 65 per cent, 35 per cent after the first half hour

Despite the low excretion of dye in this case, no albuminuria was evident and the renal concentration test was normal These reports are tabulated in Table 3

As shown in Table 3 above, albuminuria did not appear in any of the 5 patients who were in extreme lordosis due to hyperextension body casts, despite the fact that 3 of the 5 patients had been in hyperextension casts with exaggerated lumbar lordosis for over four months, and the others for periods ranging from two to four Case 3 showed the presence of several white blood cells per high-power field on microscopic examination of the urine, and Cases 2 and 4 showed the presence of red blood cells on occasional specimens Renal function tests on all of these patients were negative and showed no alteration in the renal function, except for low phenolsulphonphthalem excretion in Case 6

Six additional patients with unrelated medical or surgical conditions and with no previous history of renal infection were selected at random Urine was examined on arising, after the patient was up for two hours, and also after placing him in exaggerated lordosis for one to two hours by putting three pillows below the lumbar spine as described in Case 1 above The results of the urinalyses on all of these patients were negative, and did not show the presence of albumin either on arising, after being up two to three hours, or, what is perhaps more pertinent, after lying in exaggerated lordosis for a period of one hour These observations would appear to be in agreement with previously recorded opinions that lordosis is not the only contributing factor in the production of orthostatic albuminuma Lewison, Freidlich, and Ragins in 1928<sup>18</sup> observed that

most patients with extreme lumbar lordosis, due to poliomyelitis, muscular dystrophy, or hip-joint disease, have no albuminuria whatsoever

## Summary

- A brief review of the subject of orthostatic albuminuma is presented Mobilization of masses of young individuals has stressed the importance of this condition
- Provocative lordotic tests are described in a case of orthostatic albuminuma
- A series of 5 orthopedic patients, wearing hyperextension body casts, is reported, in all of whom repeated urine studies were negative for albumin, and renal function remained unimpaired
- 4 Six patients, with unrelated medical and surgical conditions, were placed in exaggerated lordosis for periods of one to two hours these patients had negative urine studies, and the appearance of albumin could not be induced
- Observations confirm the fact that although lordosis plays a role in the pathogenesis of orthostatic albuminum in susceptible individuals, it has no influence in producing albuminuria in normal, nonsusceptible individuals

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#### DRINKING UNNECESSARY WATER

In these days when many physicians and dietitians are exhorting everyone to drink large amounts of unneeded water, I find it helpful occasionally to ask the patient if he has been following the present-day fad and trying to drown himself from the inside out I have seen several persons with heart and kidney disease who got themselves into serious trouble in this way, and I have seen the drinking of excess water produce puzzling insomnia, diarrhea, polyuria, edema of the ankles, and indigestion. I remember a woman with a diarrhea that no one had been able to stop It stopped overnight when I got her to give up her three extra quarts of water a day!

Actually, physiologists cannot see the reason for our taking more water than our body calls for or needs Its handling and excretion only means more work for heart and kidneys Fortunately, the body's need for water is exactly determined by the individual's thirst—Alvarez, Walter C Nervousness, Indigestion, and Pain, New York, Paul B Hoeber, Inc., 1943, p 50 -North Carolina M J, July, 1945

# PRELIMINARY REPORT OF THE COMBINED EFFECTS OF VITAMIN-B COMPLEX WITH AMINO ACIDS

Max Jacobson, MD, New York City

R ECENT research work in inologic chemistry has demonstrated the over increasing importance of amino acids in luman nutrition, as well as their relationship to the vitamina Their role in the chemistry of enzymes and cellular metabolism suggested investigating their effect in vitamin utilization

Some of the tissue proteins, either by conjunction with an active prosthetic group, or by some slight modification in structure, assume the role of enzymes' and catalyze many digestive and

metabolic reactions

The physiologic relationships between vitamins and amino acids, their derivatives and aggregates, are, for the most part, either association or indirect in character. Protein-vitamin combinations catalyze many important oxidation-reductions, and the partnership of vitamin-containing enzymes (proteins and amino acids) and coenzymes facilitates many important metabolic transformations.

It has recently been shown that approximately half of the thiamin in milk is more or less firmly bound with protein. The probable combination of serine with ethanolamine in the cephalin molecule is another point of contact between a vitamin

(cboline) and an amino acid 3

The ensymo, coensyme, and vitamin relationships have been observed and reported on by Northrop, Bauman and Stare, Heidelberger

and Smythe, and many others

The coenzymes, like the enzymes, are catalysts, but they are of lower molecular weight than proteins, and, unlike the proteins, they are heat stable and dialyzable. A number of them hince been shown to be derived from vitamins, which constitute the active group in the molecule.

It has been reported that vitamins enter into the metabolism of bemoglobin, riboflavin, and pyridoxine in hemoglobin regeneration in dogs and rabbits, following blood withdrawal.<sup>4</sup>

Ascorbic acid also plays an important role in

bemoglobin catabolism.

Based on the above-mentioned findings, it was decided at Polychnic Hospital that a clinical investigation be instigated, using a combination of vitamins and specific amino acide—both by oral and by parenteral administration. The oral combination contains glutamic acid, for its role in the metabolism of the nervo tissue and its activation with the protolytic ensyme. Tyrosine and choline are incorporated for their hypotropic

action Cysteme is used to morease the cholme effect, which, in its turn, favors the absorption of the fat-soluble vitamins, A. D. and E

Urea has been added to obtain the maximum effect from the amine acids as well as a more complete absorption of the water-soluble vitamins present, such as thiamin, riboflavin, nia-enamide, calcium pantothenate, pyridoxine, and ascorbic acid Pyridoxine has shown promise in chemical agranulocytosis

The following is a report of the clinical results About 1,000 patients were treated for various diseases. An average of eight to ten injections was found necessary for successful treatment, although in most cases a marked improvement in the patient's condition was evidenced after the first few injections. Oral medication was applied either separately or combined with the injections, and continued after the injections were stopped.

The first patients to be treated with this compound were suffering from exhaustion resulting from physical strain, delayed convalescence after infectious diseases and surgical interventions, malnutration, and anemic conditions, including pregnancy anemia. In addition to the objective clinical improvements, almost immediate effects were noted in the relief from nervous tension, in crease of ability of coordinated action and thinking, relief from insomnia, and increased appetite. This demonstrated that the B complex plus amino acid produces a better systemic function than the B complex alone.

The problem of achieving an objective evaluation was solved by checking the subjective improvements amultaneously with a series of blood counts. The results of these blood counts invariably substantiated the subjective claims by showing an increase of hemoglobin and red blood cells, often after the first mjection. In two years the overwhelming majority of cases which were under constant treatment and observation showed that these improvements were permanent.

Employees of a department store, the office staff of a defense factory, and the nursing personnel of a bospital participated in a series of tests Statistics showed that many patients with subnormal blood counts experienced a rapid rise in hemoglobin and red blood cells after treatment. In addition, a marked improvement in their general health as well as a sharp drop in absenteeism resulted.

Increased organic resistance was also accompanied by increased resistance to respiratory infections Many improvements of clinical syndromes were observed and recorded in the early stages of this investigation. They have since become accepted tenets in vitamin researchtheir synergistic action shows betterment in lung tuberculosis and arthritis, fast recovery after operations and infectious diseases, and resistance to shock

Neuroses, organ neuroses, and shock differ only in the matter of degree It is generally recognized that organ neurosis, or the breakdown of a single organic function, is one of the body's main defenses in forestalling the breakdown of a personality through extrinsic or intrinsic pressure

Whether this breakdown manifests itself in the form of such disturbances of allergy, organ neuroses, or shock will depend entirely on the forces involved The transfer, however, will always occur on the roads of the central and pempheral nervous system For this reason it was considered important to test the response of a nerve accessible to objective clinical observation

This clinical research has been conducted at the Polyclinic Hospital (Hard of Hearing Department), under the director, Dr S J Kopetsky, by Dr A Jellineck and Dr H Hirschfield (Adetailed report will be published separately)

Patients with hearing disorders, as well as normal persons, showed either an immediate or a delayed increase in hearing acuity upon treatment with this compound In normal persons, this effect appeared as hyperacusis All patients were tested regularly with the audiometer improved hearing was evidenced, for the most

part, in the higher octaves, which is of special significance This fact suggests a direct influence of the compound on the nerve function. since it is the high-frequency range which is first affected in damages to the acoustic nerve has been observed frequently in military personnel and industrial workers exposed to loud noises, as it was in the case of persons whose hearing disorders started in early childhood

### Conclusion

Synergistic actions are being increasingly applied in modern biochemistry and are herewith used for the first time in vitamin therapy

Amino acids have been investigated, up to now. solely from a nutritional standpoint. Our approach, however, has been guided by their enzymatic and functional properties The advantage is that each of the amino acids used in the preparation has in itself an important function in the human organism

Therefore, it is apparent that the synergistic action claimed here not only involves the cell metabolism itself, but, at the same time, benefits from an improved function of the central and pempheral nervous system

155 East Seventy-Second Street

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#### CONTAGIOUS DISEASES AMONG DUTCH CHILDREN

Infectious diseases due to malnutration are continuing to take their toll among the children of Holland

Thousands of Dutch youngsters are suffering from tuberculosis, dysentery, and diphtheria, and the already overcrowded hospitals are unable to cope with the unprecedented demands upon their services Owing to the difficulty of obtaining nourishing foods in the western part of Holland, tuber-

culosis is very prevalent.

Infants and very young children have become especially susceptible to diseases because of the lack of pure milk

The Nazis took away a large number of cows to help feed their own people Insufficient pasteurization of available milk, the lack of clean clothing, and the scarcity of fuel for heating homes during the winter months were contributory factors in undermining the physical resistance of these

Diphtheria and various skin diseases, includ-

ing scabies, are particularly prevalent among babies and children under four

Medical officials are doing all they can to fight disease, but they are hampered by a severe shortage of medicines, ointments, bandages, and instruments Even baby bottles, disinfectants, and ingredients for such simple remedies as cough syrup are unavail-Another handicap is the lack of sanatoriums for the hospitalization of tuberculosis victims Doctors fear that home nursing of tubercular patients may spread the disease to the rest of the population.

In order to check any increase of various diseases, repatriates from the concentration camps in Germany must undergo a strict physical examination, including a thorough delousing process, to prevent any possible typhoid epidemic Furthermore, all of them are under obligation to have an x-ray examination for tuberculosis one week after their return to civilian life—Release from the Netherlands Information Bureau, June 14, 1945

# DERMATOPHYTOSIS OF FEET (ATHLETE'S FOOT) ITS SUCCESSFUL TREAT MENT WITH SODIUM PERBORATE (50 PER CENT) IN COLD CREAM OR LANOLIN

B M Becker, M D, Brooklyn, New York

ONE of the minor but very annoying conditions about which the physician is often consulted is that of "athlete's foot." Its prevalence is widespread and it affects both sexes equally. Although its incidence is greatest during bot weather, it is by no means confined to the summer season. The number of remedies employed for its treatment only attests to its recalcutrancy and chronicity.

For many years the writer suffered from a severo form of dermatophytosis of the feet, with occasional remissions. The latest or last attack, which began about mid December, 1944, was of particular severity. There were deep fissures on both feet, with bleeding especially marked on the left foot, and excoriations, with thickening of the dermis and exfoliation. Pain was not marked, but the itching was so intense it interfered with sleep. Even during waking hours, in the midst of work, the writer had to stop and press down hard with the heel of one foot upon the toe of the other in order to afford himself a measure of temporary relief

The usual remodes recommended for this condition were tried and discarded, for they afforded only temporary and partial relief. Ethyl-chlorids spraywas used and brought about complete consistion of itching, but only for abort periods of time. As much as one hundred Gms. were used in one evening and yet the itching returned upon retiring

On studying his condition, the writer observed that the interspaces between the big toe and the second toe, on both feet, were entirely free from the disease and the next interdigital spaces (between the second and third and the third and fourth toes) were comparatively free from involvement. The severest manifestation of the condition was found between the fourth and fifth toes of both feet. In other words, there was a gradient of severity from

within outward, the innermost interdigital space having the least involvement and the outermost the greatest. Since the free access of air is least in the interspace between the fourth and fifth toos (due to the anatomic configuration of the foot and aggravated by faulty footger), and ventilation of the Interdigital spaces progressively improves from without inward, the writer concluded that the disease is caused by a facultatively anneroble fungus

As a result of this conclusion, pledgets of cotton saturated with hydrogen peroxide were placed between the toes. This measure gave no relief probably due to the fact that hydrogen peroxide is very unstable when exposed to the air, and the liberation of oxygen is of very short duration. Then a 50 per cent sodium perborate cintment in cold cream was used. This was thoroughly ruhbed into the affected parts and an excess was left in the inter spaces.

At first a mild irritation of the involved tiesues was experienced, due to the gritiness of the preparation, but within an hour all sensation of irritation and itching completely disappeared. From that time the medicament was applied morning and evenling (sometimes once daily). Treatment was continued from February 1, 1945 to and including February 20, 1945 at which date the wounds had healed entirely. To date there is no recurrence of the disease, and there are neither subjective nor objective manifestations of it.

The writer has since prescribed the preparation for several patients, and all have reported equally good results from its use.

The action of the preparation evidently depends on the constant, slow liberation of oxygen between the toes thereby inhibiting the growth and propagation of the organism responsible for the disease.

#### ELECTRON MICROSCOPE AIDS CANCER STUDY

A one-ton electron microscope powerful enough to magnify the windpipes of mosquitoes to a size of approximately 2 inches has been added to the arsenal of scientific instruments for the study of cancer at the National Cancer Institute, Bothcada, Maryland Surg. Gen. Thomas Parran, of the Public Health Service, Federal Security Agency, announced on April 30

Although installed in the National Cancer Instalte the microscope will not be restricted to the study of cancer but will be available to other divisions of the National Institute of Health, Dr Parran Pointed out.

Costing \$13,000, the microscope, built by the Radio Corporation of America, is the ninetieth in

this country It uses electrons instead of light rays, and magnetic fields instead of glass lenses, to peer into submicroscope worlds. It has reveaked for the first time how disease-lighting organisms in the blood attack disease-producing viruses. The highly magnified photographs—or electron micrographs as they are termed—show how the body protects itself from infantile paralysis, smallpox, influenza, the common cold yellow fover, and other diseases. These micrographs are important factors in determining the effectiveness of various methods of treatment. The machine will also enable scientists to compare diseased usues with healthy tissues under direct magnifications of 10 000 to 75 000 duameters.

# PYLEPHLEBITIS UNDER PENICILLIN AND SULFADIAZINE THERAPY

ABRAHAM O WILENSKY, M D, New York City

HEREWITH is the clinical history of a case of pylephlebitis with associated phlebitis of the splenic vein which recently came under my observation, and in which a cure occurred after chemo-

#### Case Report

A middle-aged man was operated upon on April

The 17, 1945, for acute suppurative appendicitis patient did not do as well as usual, and continued to run high temperatures. After four weeks, it was thought that a subphrenic abscess was present, but exploratory aspiration of the subphrenic space yielded negative results Thereafter he did not improve, and the general condition deteriorated At the end

of six weeks he was referred to me At this time the general condition of the patient was not good He was thin and emaciated moderate amount of jaundice was present There were no superficial glandular enlargements. The chest was clear and the circulation and cardiac mechanism showed no abnormality Locally there was a healed lower quadrant scar with a residual superficial granulating sinus at the lower end with practically no discharge The liver was moderately enlarged, the spleen was very much enlarged, the lower pole extending down to the iliac crest, neither one was particularly tender No intra-abdominal masses could be otherwise felt and there was no ascites

A preliminary flat plate of the abdomen corroborated the enlargement of the liver and especially of the spleen

The laboratory workout on May 25, 1945, was as

follows

Blood type A

Urine acid, orange color, specific gravity, 1011, faint trace of albumin, no sugar, microscopic study-urates, few white blood cells, many

Icteric index, 30 units (normal—8-12 units)

Red blood count, 2,790,000, hemoglobin, 55 per cent, white blood count, 14,400, polymorphonuclears, 84 per cent, lymphocytes, 16 per cent, segmented forms, 77 per cent, nonsegmented, 7 per cent

Blood culture—sterile

colı, culture—Bacillus Urine nonhemolytic staphylococcus albus, nonhemolytic diphtheroids

The diagnosis was manifestly of pylephlebitis

with thrombophlebitis of the splenic vein

In view of the marked anemia, the patient was given transfusions several times with 250 cc, of plasma and with 500 cc of whole blood on two successive days Thereafter the blood condition was as follows

On May 28, 1945, the red blood count was 2,930,-000, hemoglobin, 58 per cent, white blood count, 16,650, polymorphonuclears, 86 per cent, lymphocytes, 14 per cent, segmented forms, 76 per cent,

on May 31, 1945, the red blood count was 3,550,000, hemoglobin, 70 per cent, white blood count, 9,150, polymorphonuclears, 75 per cent, lymphocytes, 24 per cent, segmented forms, 65 per cent, nonsegmented, 10 per cent

The patient was placed on penicillin, 20,000 units

every four hours, and after the second day full doses of sulfadiazine were added

Following the initial high temperature on admission the fever receded, but during the first week of observation there were several daily chills with rises of temperature up to 105 F, and later up to 103 F During the second week the temperature curve ran around 102 F The spleen showed reces-The size of the liver did not change sion in size and the jaundice continued unchanged

Up to this time the patient had received approximately 1,000,000 units of penicillin and about 480 grains of sulfadiazine. There were no untoward manifestations, but it was thought better to inter-

rupt the drugs at this time

On the eleventh day of observation (approximately seven weeks after the appendectomy) pain developed in the upper left quadrant and left flank. The kidney was not enlarged or tender, but the spleen increased in size again. The temperature again rose to 105 F but receded again the following day with subsidence of the left abdominal pain. The penicilin was again administered, without, The temperature then however, any sulfadiazine went to its former level and remained there, falling gradually to normal on the seventeenth day of observation and remaining there until the discharge of the patient from the hospital

The patient received another 1,000,000 units of

penicillin during the second period of administration
During all of this time, the general condition of
the patient continued to improve Inasmuch as there was no hypoproteinemia and the liver function was normal, no especial effort was made in this direction. Nevertheless, the patient ate large quantitles of protein-rich food with good elimination of normal-appearing stool from the intestinal tract Coincident with this the patient progressively looked and felt better and his weight increased

The size of the liver and spleen gradually returned to normal. The jaundice lightened and then disappeared completely and free of bacteria. The urine became normal The patient left the hospital The urine became normal

well.

#### Comment

The history, postoperative course, and the physical and laboratory findings are manifestly indicative of phlebitis of the portal vein complicating the suppurative appendicitis. The enlargement of the spleen and the observed episode of pain in the splenic area with renewed enlargement of the spleen and the accompanying elevation of temperature indicate that the phlebitis spread into the splenic vein with a secondary infarction in the spleen

The following aspects are deserving of especial mention

The absence of any state of protein deficiency, indicating good liver function. On June 5, the state of the proteinemia was as follows serum protein, 69 mg per cent, serum albumin, 4.9 mg per cent (normal 4.5-65 mg per cent), serum globulin, 20 mg per cent (normal 10-30 mg

Nevertheless, because of previous studies, a high

TABLE 1

				1400	
Urine	Color	Specific Gravity	Albumin	Bugar	Microscopie Study
June 5 1945 June 6 1945	Yellow Yellow	1 005 1 005	0	<b>o</b> 0	Moderate number of bacteria many yeast cells. Yew bacteria moderate number of yeast cells. Microus threads optimized as coasional white blood cells.
June 12 1945	l ellow	1 016	U	U	Occasional epithelial and white blood cells occasional calcium usalate crystals no bacteria

protein diet was given to ensure the maximum benefit to the liver cell itself and because of its adjuvant effect upon healing in general

2 A negative blood culture is the rule in pylephlebitis Indicating the sterilizing effect of the liveupon bacteromas in general. Nevertheless, before the advent of chemotherapy this did not help in cases of pylephlebitic and practically all of them went on to a fetal issue.

8 The spread of the phleintic process into the splenic vein. The later rise in temperature indi-

cates an infarction in the spicen

4 The effect of penicilin. The patient received altogether, epproximately 2,000,000 units. The unne culture showed that bacteria of the colon group associated symbiotically with diphtheroid like organisms and with cocci were the provocationable. Previous experience indicated that penicilin would not be effective. We therefore combined it with sulfadianne. A therapeutic cure resulted. This was corroborated by the disappearance of the bacteria from the urine

5 It is not possible to say how much parenchy-

matous change occurred in the liver cells.

During observation up to the time of discharge from the hospital, the intensity of the observable icterus and its regression was as follows Mey 28 30 units, Mey 31 24 units, June 4,

24 units, June 8, 16 units June 12, 14 units.

At all times the steel contained edequate amounts

of urobilin,
On June 4 1945, the cephalin flocculation test

was reported positive, plus I
All of these laboratory facts do not permit us to
say anything more than that same imitstion of
liver function was present. An adequate measure
of this incapacity is not possible at the present time.
At the time of discharge, the patient presented no
subjective or objective indications of any liver discree. The tests of liver function were normal ther
also. Nevertheless, in view of the uncertainty of

tests of liver function in early or slight disease of the liver, it is not possible to say whother any latent disease of the liver parenchyma was present, and/or would persist, and/or would probably increase in intensity

This is a matter for future study and observation

6 There was no evidence of any complienting or associated pephritis or nephrosis. It was interesting to see the bacterium disappear under the chemotherapy. The results of urine examinations are shown in Table 1.

7 The absence of ascites. This can be explained in two ways (a) The return flow of blood was not impeded in the main portal channel. Apparently, however there was obstruction in the spleme radicle and a consequent splemenegaly (b) Evidence is accumulating that ascites in portal obstruction is not so much due to the obstruction as to the state and degree of hypoproteinsmic deficiency which accompanies it. In this case no such deficiency existed and no ascites occurred. Most probably this is the correct explanation here.

It is not possible to say whether ascites will occur at some future time as a result of some secondary portal vein narrowing. This must be kept in mind and the patient will be further observed. In view of the newer conceptions, the state of untrition will be kept at a high level to provent any protein deficiency

#### Summary

A case of portal and splenic phlebitis (pylephlebitis) occurred after an operation for acute suppurative appendicitis. The prominent symptoms in cluded (1) fever and chills, (2) enlargement of the liver with Jaundice and slight functional disability, (3) enlargement of the spleen with some infarction, (4) obsence of ascites, and (5) bacterium. The patient was put on large doses of penlelllin and sulfaduans and recovered

#### CLINICAL ALLERGY COURSE OFFERED

The School of Medicine, University of Pittaburgh, offers an Orientation Course in Clinical Allergy, under the aponosorship of The American Academy of Allergy, for five days October 1 to 5, 1946 Inclusive, at the School on Bayard Street, Pittaburgh, Penn sylvania The fee is \$40, for veterans, servicemen,

and residents it is \$10. Registration for evening round-table conferences can be made only by special arrangements.

Inquiries should be addressed to William 8. McEllroy M.D., Dean, School of Medicine University of Pittsburgh, Pittsburgh 13, Pennsylvania.

# GASTRIC LEIOMYOMA

HENRY J VIER, MD, White Plains, New York

(From the St Agnes Hospital)

ASTRIC leiomyoma is a rare lesion, and may be silent, like carcinoma of the stomach, until markedly advanced, as evidenced by the following case report

Case Report

W J F, married, age 52, a chauffeur, hospital No 2503, was admitted to St Agnes Hospital, October 14, 1944, at 10 00 P.M., because of a massive gastrointestinal hemorrhage His history, as obtained by his physician, Dr J B Polakoff, was included by the physician, Dr J B Polakoff, was included by the physician, Dr J B Polakoff, was included by the physician of th relevant He stated that he had never experienced any untoward symptoms He was emphatic in denying any indigestion, hunger pain, or distress after meals. He also denied venereal history. There had been no weight loss, appetite was good, and bowels regular He was a moderate user of tobacco and drank two bottles of beer daily For two days prior to admission, he had noticed tarry stools, but attached no significance to them Following his evening meal, October 14, he vomited this, together with a considerable quantity of bright red blood Shortly after entering the hospital he again vomited an unmeasured, though large, quantity of blood, and expelled another tarry stool He presented marked pallor, the temperature was 100 F, pulse, 140, respirations, 24, and blood pressure, 140/80

Physical Examination — Head and neck were negatively the stood of the s

tive with the exception of marked dental caries Chest was negative, heart sounds were regular, with a rapid and fair tone The abdomen was scaphoid in type, no tender areas were noted, the lower border of the liver and spleen were not palpable, and no masses were palpable. The extremities were

Blood count on admission was as follows erythrocytes, 2,870,000, hemoglobin, 36 per cent, leukocytes, 11,000, eosinophils, 2 per cent, metamorphocytes II, 10 per cent, seg, 66 per cent, lymphocytes, 20 per cent, and monocytes, 2 per cent.

Urinalysis report was alkaline, specific gravity, 1013, albumin, very faint trace, sugar, negative,

no casts

The blood Wassermann was negative and prothrombin time was 55 seconds Blood chemistry showed albumin, 58 per cent, globulin, 35 per cent, and albumin-globulin ratio, 16/1

He was given an Andresen diet and an ice bag was applied to the epigastrium, one-sixth grain of morphine was given hypodermically every six to eight hours, no further vomiting occurred, nor was any bright red blood noted in the stools During the succeeding several days, he was given repeated transfusions of blood, plasma, and electrolytes, as indicated by further blood chemistry studies

On October 27, thirteen days after admission, a gastrointestinal series was completed and reported by Dr C W Schwartz, roentgenologist, as follows "Examination of the gastrointestinal tract showed the esophagus to function in a normal manner The stomach was in a medium position When upright the greater curvature was on a level with the iliac

crests Peristalsis was rather sluggish and the waves were shallow They did not pass through the antral portion of the stomach The tone was rather poor but no tender points were made out on palpation It was freely movable The antral portion presented filling defects One large defect was seen on the greater curvature but at times this involved the entire antrum as a ring-like defect without constric-

"The outline through this area was relatively The sphincter functioned irregularly but this was due to the lack of peristals through the antrum There was no residue at the end of three The duodenum functioned quite well small intestines appeared relatively normal three hours the barium was in the colon, as far as the first part of the transverse In six hours it had progressed a little further In twenty-four hours some had been expelled, leaving a residue throughout the colon and a small residue in the appendix.

"There is a tumor involving the gastric antrum I am inclined to think this is a leiomyosarcoma or a

lymphosarcoma "

On November 2, he was operated upon under fractional spinal anesthesia (Scurocain) Anupper transverse incision was made, and a neoplastic mass about 6 cm in diameter was found in the pylone half of the stomach, it was hard, smooth in outline, and freely movable, with no fixation to surrounding structures, no evidence of invasion of the serosa or mesenterio glands, nor were any liver metastases apparent Subtotal gastrectomy was completed, using an anterior Polya technic His immediate postoperative condition was satisfactory and feedings were instituted through an Abbott-Rawson tube about twelve hours postoperatively Appropriate quantities of blood, plasma, and intravenous glucose were given

The report of Dr P T McIlroy, pathologist, was

as follows

Macroscopic Findings—Specimen consisted of a portion of the stomach wall which on section showed the presence of an encapsulated mass 6 cm in diameter, which showed the presence of an ulceration of the gastric mucosa approximately the size of a dime over the summit of the mass The tumor presented The mucosa a pinkish-grey cellular appearance

surrounding the ulcer appeared natural

Microscopic Findings — Microscopic examination showed the growth to be made up for the most part of pink-staining cells with large elongated cigar-shaped nuclei. They were arranged in interlacing bundles. No mitotic figures were observed. The

cells appeared regular in size and shape

Diagnosis — Leiomyoma of the stomach wall. His postoperative course was uneventful and he

was discharged November 11, 1944

The significant feature of this case is that this patient remained entirely comfortable and symptomfree prior to the onset of his hemorrhage, obviously due to ulceration of the neoplasm

80 Maple Avenue

#### CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports, slightly edited, of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors. The next report will appear in the November 1 issue and will concern "Treatment of Some Tropical Diseases."

### Management of Pain Due to Muscle Spasm

DR HARRY GOLD The conference today is on the subject of the relief of pain which arises in association with the contraction of muscle. In some respects the problems here are similar to those of pain arising in other structures Central analgesic agents such as morphine, codeine, demerol, and salicylates relieve pain in muscles as they do other forms of pain Muscle pain, however, also presents some special problems in therapy Drugs are used in the case of muscle pain not only to reduce perception of pain in the brain centers but attempts are made to relax the muscle presumably for the purpose of eliminating the source of the painful impulse The term "muscle spasm" is often applied in relation to these problems and the drugs employed for the relief of such painful states are classified as antispasmodic agents

The conditions are numerous, namely, the pain of coronary artery disease, peptic ulcer, spastic colon, biliary colic, renal colic, intermittent claudication, menstrual pain, labor pain, and pain in various disorders of the skeletal muscles.

I am not sure that we are altogether clear on what is happening in the so-called spastio muscle which gives rise to pain, and how we expect the drugs to act in order to relieve the pain Perhaps a discussion of these matters may help to crystallize some of the issues.

I am inclined to the view that when pain occurs in association with the contraction of a muscle, it indicates a pathologic state or some secondary factor but not the contraction per se. The voluntary contraction of the biceps muscle of the athlete may be so extreme as to convert the muscls into an almost stony-hard mass, but it doesn't hurt The contraction of the postpartum nterus is stony hard, it also doesn't hurt. A sustained spastic contraction of the pylorus may be seen in the fluoroscopic examination, making it impossible for barrum to pass, yet this is usually quite painless The barium meal frequently discloses intense and long-lasting spastic areas in the gastromtestinal tract, which produce no pain I am not aware of any satisfactory evidence that the

normal contraction of a muscle is competent to produce pain. This, I believe, is the same as saying that a "spasm" of muscle in and of itself does not cause pain. The pain is produced by other factors, such as distortion of muscle, tearing of muscle fibers, stretching of muscle, tension within a hollow viscus, ischemia resulting from the sustained contraction of muscle, and traction upon other structures by spasm, as may occur in the case of the mesentery of the gastrointestimal tract

It is well known that skeletal muscle is sensitive to pain. If you pinch it, it hurts If you inject a little hypertonic solution into the skeletal muscle it may cause very severe pain. These do not involve muscle contraction.

A skeletal muscle which is exercised violently develops pain, not as the result of the contraction but in all probability, as the result of the accumulation of metabolites, or as the result of muscle injury

Ischemia per se in muscles does not readily produce pain, for one can completely occlude the circulation to the arm and the arm remains painless for a long time unless the muscles are made to contract during the ischemia, in which case the pain producing metabolites accumulate.

The sudden violent cramp in the calf muscles which nearly throws a patient out of bed with excruciating pain is not the result of a contraction but of distortion of the muscles, a part of the muscle contracts violently, producing pulling and tearing effects upon the rest of the muscle. This is not a case of ischemia, for the pain develops the instant the spam occurs

In the case of cardiac pain of coronary origin, the factor of ischemia seems to be paramount. Such a patient may develop pain when he walks one block before treatment, but if he receives a dose of nitroglycenne prior to the exertion, he finds it possible to walk fifteen blocks before pain develops. There is the possibility that tension upon the coronary vessels may give rise to pain although the proof here is not very satisfactory.

However, in the case of other blood vessels, it

is possible to show that tension is an important factor in producing pain. Put a blood pressure manometer cuff on the arm and raise the pressure to the diastolic level, this will prevent the return flow from the arm. The vessels of the extremity therefore fill but cannot empty. They soon overfill and are stretched. As the cuff is left in place pain develops and soon becomes very severe. This is clearly a pain in blood vessels due to stretching. The same mechanism is probably involved in the pain resulting from massive occlusion of the deep veins of the leg. The return flow is impaired while the arterial flow continues to overfill the vascular system.

The sustained contraction and spasm of the flexor muscles of the arm after a cerebral hemorrhage is usually quite painless. But pain occurs in the endeavor to stretch them

We are all familiar with the experiments of Dr Harold Wolff and his collaborators concerning the cause of migraine in which the evidence is presented that the distention of the vessels and not the contraction is the cause of the pain

We are also familiar with the experiences in the distention of the hollow viscus If a balloon is passed down into the esophagus and is then blown up, the distention gives rise to pain The same is true of the stomach

Perhaps these illustrations are sufficient to emphasize the thesis that contraction of muscle or spasm of muscle is of itself not competent to produce pain. The pain is caused by stretching, pulling, tearing, and distortion

I believe that the distinction between contraction and tension in relation to the cause of muscle pain has practical importance One might argue that the contraction or spasm gives rise to the secondary factors which cause the pain, and that, therefore, from the practical standpoint, one needs only to relieve the spasm in order to control the pain This, however, is only one way of attacking the pain in association with muscle spasm It is possible to control the factors which create tension and distortion without necessarily relaying the spasm I am inclined to think that the latter is frequently the method by which socalled antispasmodic drugs relieve muscle pain For example, atropine may exert no influence on a pyloric spasm, but if it serves to reduce the motility of the stomach it may well relieve the pain arising in association with the spasm Morphine is known to increase spasm of smooth muscle, but it may well be that a major part of its influence in abolishing biliary colic or renal colic or gastrointestinal pain may lie in the reduced activity in the face of the continuing or even increasing spasm

I do not believe that the control of pain in association with muscle contraction by means of

drugs is commonly considered in this way. Indeed, there may be a point in questioning the validity of the term "antispastic" or "spasmolytic" as applied to the group of drugs used for this purpose, for a major part of their action may be not in the relaxation of the spastic areas but in the reduction in motility of the adjacent areas which create pulls, tensions, and distortions

Let us consider briefly the agents commonly employed for the relief of pain which arises in relation to the contraction of smooth muscle nitrites relax all smooth muscle Their action is extremely brief Perhaps it should here be mentioned that all so-called antispasmodic drugs exert a very brief action Their chief use is in the control of the pain of coronary artery disease There are no drugs which are quite as effective as a 04-mg dose of nitroglycerine taken under the tongue for the prevention or the relief of the pain of effort angina Although there is some experience indicating that a gallbladder or renal colic is sometimes relieved by a dose of nitrite, the nitrite is, on the whole, not very satisfactory for these purposes I have often wondered why it is that its effect in cardiac pain should be so outstanding and its effect in other conditions associated with so-called muscle spasm should be so slight It may well be that in the case of coronary disease all that is necessary is to relax the vessels to relieve ischemia, while in other types of smooth muscle pain the chief problem is disturbed motility with the development of tensions and distortions which may continue even in the face of a degree of relaxation of a spastic area Differences in sensitivity of smooth muscles of different areas may be a factor

The xanthines, such as aminophylline, or theobromine, and sodium acetate are fairly general smooth muscle-relaxing agents. They are used with some success for the relaxation of the bronchial musculature in asthma. They are used a great deal by oral administration for the control of pain of angina pectoris. I doubt that they have much value by oral administration. The intravenous dose of 0.25 Gm of aminophylline produces fleeting relaxation of the coronary vessels and is occasionally useful for that purpose. In most of such cases, if not in all, the nitrite under the tongue is equally if not more effective.

Papaverine relaxes smooth muscle. It is said to exert its effect chiefly in hypertonic states, allowing normal motor activity to continue although there is indication that tone, amplitude and frequency of contractions are diminished. It is given in doses of 30–80 mg of the hydrochloride either orally, intramuscularly, or intravenously. The experimental results promise a great deal for this drug in the treatment of conditions requiring the relaxation of smooth

muscle, and yet there is not a single chinical condition in which it has been used in which the promises have been satisfactorily fulfilled. Clinically, its benefits are still equivocal in cardine pain, leg pains due to vascular disease such as artenesclerosis or thrombo-anguts obliterans, Raynand's disease, and muscle pains of bilary and gastrointestinal origin. I am not sure of the reasons for the poor necount this drug has given of itself. Perhaps we ought to consider much larger doses inner as much as 1 Gm in a single dose is said to be nontexic.

Atroping is the standard antispasmodic agent used for the relief of pain arising in relation to the contraction of all smooth-muscle organs It is usually employed either in the form of tablets of atropine sulfate or in the form of the tincturo of belladonna The usual dose is 0.5 to 10 cc. of the tincture which is equivalent to from 0 15 to 0.3 mg ( $^{1}/_{200}$  to  $^{1}/_{200}$  Gr) of atropine physiologic basis for the use of atropine as an antispasmodic needs to be re-examined Atropine acts by blocking the functions of the parasympathetic, but the gastrointestinal tract is notonously resistant to this action of atropine so that in animais, even after doses equivalent to 130 mg for a man, electrical stimulation of the vague still causes contraction of the gastrointestinal tract Thore is further the fact that the gastrointestinal tract enjoys great autonomy, so that even when the vagus has been severed, the tract is capable of performing its usual motor activities and engages in motor These facts, therefore, indicate perversions that on theoretic grounds atropine may be of no value at all in pain resulting from abnormal gastrointestinal motor functions. years ago Dr Walter Bastedo made an Interesting survey of the evidence concorning the action of atropine in gastrolntestinal spasm. The indications are that it may not relieve that type of spasm How, then, can we explain the fact that it sometimes relieves pain in the gastrointestinal tract? There are several possible mechanisms but I would ask you to consider this one, namely, that atropine diminishes the tone and motility of the stomach. As the result of atropine administration, it may take as much as four times as iong as normal for barrum to appear in the duodenum and two and a half times as long for it to leave the stomach completely The diminished motility may result in lower tension in the stomach even though spasm may be uninfluenced Similar diminution in motor activity of the small intestine and colon have been observed after giving suitable doses of atropine.

Dosage is a point of paramount importance The effects to which I have just referred have required a dose of 1 mg or more, which would be equivalent to about 3 oc of the tincture of belladonna This makes patients uncomfortable, impairs the vision, and dries the mouth and the akin What is more, the duration of action on the bowel is short, from one half to three hours The duration of action on other structures is often lnng-several days. There is then the trouble that it is not feasible to continue the gastrointestinal benefits without overloading the eyes and other structures through the cumulative notion of atropine I am inclined to the view that the dose of atropine which leaves the patient free of atropine discomforts is not likely to have much effect in relieving pain in the gastrointestinal tract Those who hold a contrary view will have to prove it by the "blind-test," namely, a test la which the patients will have to distinguish the medicine with atropine from the one without atropine when he does not know in ndvance which 18 which

Numerous compounds have been investigated as possible substitutes for atroplac, more particularly compounds which might exort a greater action directly on the smooth muscle of the gastrontestinal tract.

Novatropine is the methyl bromide of homatropine. It was introduced as an intestinal antispasmodle about 1916, on the basis of animal experiments which showed considerable peripheral action, with negligible central actions as compared with atropiae. It is given in somewhat larger doses than atropine, namely, 25 mg several times daily. The clinical evidence concerning its efficacy is contradictory, and that it has any material advantage over atroplae is uncertain

Syntropan is one of the more recent synthetic compounds more closely related to atroping It is the phosphate salt of the dl-tropic acid ester of 3-diethylamino-2, 2-dimethyl 1-propanol. It exerts a double action, first on the smooth muscle of the gastrointestinal tract directly, and second. it blocks the vagus The pattern of its action however, is different from that of atropine in that its actions on the salivary secretion, the eye, and the heart are relatively slight by comparison with the actions on the smooth muscle. The result is that gastrointestinal effects can be obtained with doses which cause a negligible amount of the side effects that are seen after atropine In some well-controlled experiments in which the mountry of the colon was studied in man, 10 mg doses given intravenously were found to inhibit the contractions of the large bowel without discomfort, whereas 0 6 mg of atropine, producing essentially the same effects upon the bowel, gave rise to pupillary effects and salivary discomfort. This material is used for its antispasmodio effects in oral doses of 50 mg or intravenous doses of 10

mg three or four times a day With larger doses and in more susceptible individuals, discomforts similar to those caused by atropine are produced

Trasentin is a compound which has recently received a great deal of attention as a possible antispasmodic agent This is a relatively new synthetic, chemically not related to atropine It is the diethylamino ethyl ester of diphenylacetic acid It exerts relatively little, if any, action on the peripheral vagus It is without the mydriatic, the cardiac, or the secretory effects of atropine Its action is selective on smooth muscle and on such structures it produces relaxation The direct action on smooth muscle is sufficient to counteract such powerful muscular stimulants as barrum and pituitrin, which are little affected by atropine Doses of 75 to 150 mg taken several times daily orally, or 75 mg by subcutaneous injection, produce effective relaxation of the stomach and also of the colon In comparison with atropine on the same subjects, it has been found that a dose of 50 mg intravenously causes the same as 06 mg of atropine, without the undesirable effects of the atropine

In spite of the strong indications of therapeutic value in the compounds which I have mentioned, the relief of pain in association with smooth-muscle contraction is far from satisfactory. I wonder whether the inadequacy of all of these compounds may not be due chiefly to the brevity of their action.

Calcium produces dramatic relief of lead colic and also in some cases of renal and biliary colic after an intravenous dose of from 0 25–1 Gm of calcium chloride in a 5 per cent solution. One needs approximately three times as much for an equivalent amount of calcium in the form of calcium gluconate. The relief may be transient or may last for several hours. The mechanism of its action remains obscure, for in animal experiments it fails to inhibit peristaltic movement.

Tissue extracts are widely used to control nonstriated-muscle pain. They have had considerable vogue in treatment of pain of vascular Depropanex, a deproteinated pancreatic extract, has come in for a good deal of current attention in the treatment of leg pains in connection with peripheral vascular disease and intermittent claudication An intramuscular injection of 2 or 3 cc every other day has been stated to enhance the capacity of these patients for muscle activity without pain My own experience with it is not at all encouraging. Is it not again chiefly a matter of brevity of action? An intravenous injection causes a vasorelaxation lasting fifteen to twenty minutes That doesn't quite fit the accounts in the hterature that patients will carry on better over longer periods of time as the result of an intramuscular injection a

few times a week. The use of tissue extracts as vasodilators is now a fairly old story. It goes back about twenty years. There is a large and optimistic literature, but the clinical results do not bear critical analysis.

DR JANET TRAVELL I should like to ask a question about the terms "contraction" and "spasm" in connection with what you said about pain I would agree that a simple contraction of normal muscle does not cause pain Very strong electrical stimulation of normal muscle is not painful, but when we use the term "spasm" I think we bring in another connotation, a secondary factor, and that is the time factor When we say "spasm" we have in mind a contraction which lasts over a period of time. This probably results in local ischemia with ischemic pain. I do not think the two words should be used without that distinction

DR HAROLD WOLFF That is all right if you wish to define them that way, but I did not think that spasm itself has necessarily anything to do with circulation

DR TRAVELL I think it connotes a time factor, that is, a prolonged contraction rather than a simple twitch. There are experiments which show that in tetanic contraction the blood flow is markedly reduced.

DR GOLD There is the fact to which I referred that a cramp of the leg becomes painful almost the instant the contraction begins. That pain couldn't be due to ischemia. I believe the term "spasm" would embrace this condition. I am inclined to doubt that the time factor is important.

Are there any questions from the upper rows? I do not think we have yet found the combination for securing sufficient participation from the back rows Perhaps we ought to sit in the back row

STUDENT I would like to ask Dr Wolff how pain arises when you inject hypertonic saline into a muscle

DR Wolff I would assume that that is a direct stimulation of the pain end-organs by a chemical irritant I do not believe it has anything to do with the fact that it is in muscle It is simply bringing a chemical agent, a strongly hypertonic agent, in contact with the pain end-organ

STUDENT There is no muscle spasm?

DR WOLFF There may be secondary muscle spasm which may then in itself become a source of pain at some distance, but that is not immediate. That takes some minutes to build up—perhaps ten, twelve, or fifteen minutes. If you inject hypertonic salt, there is no pain except at the site for some time, then later nearby, and finally, further away, you get the secondary ef-

fects associated with sustained contraction of skeletal muscle and possibly with ischemia.

STUDENT My impression is that the symptoms or secondary effects come on much faster than n period of minutes. It seems to me that they come on in about fifteen to twenty seconds, and that time is sufficient for spasm.

DR GOLD Dr Hansson, would you say something about the matter of pain in ekoletal musclo?

Dr. K. G. Hansson Spasm of skelctal muscle of poliomyelitis is tender and painful. In the beginning, ischemic contracture causes severe pain, probably due to chutting down of the circulation. There is pain associated with the spastic erector spinae muscles of the "painful back," and in the local spasm of torticollis or wry-neck myosilis.

DR. GOLD In all of these conditions, I take it, you have not tried to indicate whether it is the contraction of the muscle or the attending pulis and distortions which give rise to the pain. That is a distinction which I think is worth while trying to make in relation to the problems of treat-

ment

Incidentally, Dr Travell referred to spastic contraction being the cause of diminished circulation in the part, with resulting ischemic pain. You have just referred to an analogous condition occurring in the reverse order, namely, primary diminished in the circulation resulting in contraction of muscle which gives rise to pain, that is, the pain of ischemic contracture

DR. HANSON That is correct In ischemic contracture, there is spasticity of the muscle as the direct result of impairment of the circulation

VISITOR In a sudden muscle cramp does not the pain which seems to arise from the muscle come on before you can have pain due to ischemia? Does it not come on as soon as the cramp starts?

DR. GOLD How about that?

DR WOLFF That is your problem

DR. GOLD That is certainly correct. One can distinguish three conditions one, the sudden muscle cramp in which the events are all so rapid that circulation can play no part in the pain, two, the strong muscle contraction which is sustained a long time, giving rise to relative ischemia, three, the impaired circulation resulting in increased tone of the muscle and ischemic contracture. All three conditions cause pain, but I don't believe that in any of thom is the painful stimulus set off by the contraction of the muscle per se.

DR. McKeen Cattell. The story is, of course, complicated because you get contraction of localized groups of muscles which produce distortions, which are not the ordinary

movements.

DR GOLD There are so many examples of severe muscle contraction which fail to cause pain I don't know of any good example in which muscle contraction is associated with pain but in which the element of tension and distortion can be excluded

Dr Cattell, I believe you once made some experiments on animals which have a bearing on the matter we are now discussing Would you

tell us about them?

DR. CATTELL I compared the tension in strated muscle under two conditions—one, the maximum response to electrical stimulation of the nerve, and two, the maximum response resulting reflexly from a convulsant drug which caused sustained contraction of the muscle. The tension in the two cases was the same. It is fair to assume, therefore, that the maximum voluntary contraction of a muscle approaches the maximum capacity of a muscle to contract.

Dn. Gold Can we, therefore, not go further and say that if a maximum voluntary contraction of a muscle does not cause pain, a maximum involuntary contraction as occurs in spaam would not cause pain unless there were something abnormal about the movement of the muscle, namely, somothing in the nature of abnormal pulls, distortions, and tensions?

STUDENT How do you explain the pain of musclo, say of the leg, which arises twenty-four hours after an unusual exercise, wherens a musole accustomed to the exercise does not develop

pain?

INTERN The usual answer to that is the P factor A blood-pressure cuff inflated on the arm so as to occlude the circulation may be left in place for a half to three quarters of an hour without pain, but pain develops rapidly when under those conditions the muscle is made to contract. The difference is said to be due to the development of a metabolic pain factor. It is, therefore, not the want of oxygen by itself or the want of any other factor in the blood which causes the pain. The pain results from a factor which develops when a muscle contracts without adequate blood supply

DR. TRAVELL In connection with sore muscles after unaccustomed exercise, I would point out that it is not contraction which hurts, but rather stretching of the muscle If you examine your own experience the next time you develop such muscle lameness, you will find that the muscle is tender to the touch, it does not hurt when it shortens, but it causes pain when it is lengthened If it happens to be the calf muscles that are involved, dorsification of the foot is the movement which sets off pain, if it is the hamstrings, straightening the knee sets off pain. But sore muscles are often somewhat harder than normal

muscles Their tone is high and the stretch of contracted muscle gives rise to pain

DR Gold In this connection we might bring together other types of experience As Dr Hansson pointed out, impairment of the circulation leads to contraction of the muscle. The patient with occlusive vascular disease of the extremities often finds one of his greatest difficulties to be lying flat on his back. The flexor leg muscles are in a state of high tone as the result of the relative ischemia. When he tries to lie flat, the tension on these muscles produces sufficient discomfort to keep him awake. He will often say that he is comfortable in bed when he lies with his knees drawn up. Again, it is not the contraction of the muscles but the tension upon partially contracted muscles which hurts.

When Dr Stimson discussed the treatment of poliomyelitis in one of our conferences, he mentioned the fact that patients are allowed to assume whatever position seems most comfortable and the limbs are supported in those positions for in that way it avoids the stretching of the spastic muscle, since it is the stretching and not the spasm which is painful. He suggested this as a means of treating the pain of muscle spasm, while the Sister Kenny packs were being applied for the purpose of relaxing the spasm itself

I thought we might learn something, from the experience with the use of metrazol convulsions in mental disorders, about the relation between sudden muscle contractions and pain. I discovered, however, that these patients develop a confusional state with loss of orientation just before the convulsions and are not in a position to give an account of whether the sudden muscle spasms caused pain, although it is a fact that the total experience leaves them with sore muscles.

DR WALTER MODELL I have read accounts of convulsions due to strychnine poisoning one by Stalberg and Davidson in the J.A M.A. (July 8, 1933) described a particularly longdrawn-out course Pain was not an outstanding symptom There was some back and neck pain, but the long and violent convulsions seemed to be associated with terror, a sense of suffocation and anxiety, but not pain. The same is true of the muscle spasm of tetanus There is a good deal of sudden as well as sustained contraction of muscles with spasm in these cases and there is a great deal of pain in association with them The fact, however, that such patients may also show marked muscular spasticity such as rigidity of the laws which becomes painful only when attempts are made to force the jaws apart, indicates that the muscular contraction of itself is probably not the cause of the pain The sudden contraction may produce pain because of distortion, the sustained contraction may produce pain because

of relative ischemia I would like to ask Dr Travell about the time element in pain due to muscle spasm How long does the contraction have to last before you get pain?

DR TRAVELL I think two or three minutes will often produce pain. If you carry a heavy suit case you will see how often you have to change hands. That is protracted effort without the relaxation necessary, presumably, to restore the volume of blood flow.

DR MODELL That pain may be due, not to the restriction of the circulation by the contraction, but to the fact that the sustained contraction involves work in excess of the normal capacity of the local circulation

DR GOLD Dr Wolff, do you happen to know of any good experiment which indicates that the contraction of muscle can of itself produce pain?

DR Wolff I don't believe it is possible to separate the effect of the contraction alone and the effect of the circulatory changes There is the fact that if a muscle which is painfully contracted is pulled out it very often is less painful for the time being One could say, of course, that in pulling it out the circulation is promptly improved, and, therefore, the products of anova are taken away, but actually the texture of the muscle under those circumstances does not seem to change Furthermore, ergotamine, which very much would be expected to constrict the circulation, does not make the pain worse, nor does a vasodilator relieve that pain These pieces of information might be taken to indicate that the contraction alone may give rise to the pain

DR GOLD But even in such a case, in which pulling the muscle out relieves the pain, it may well be that by such pulling, if properly carried out, the contracted portion of the muscle acquires a more favorable relationship to that which is not contracted, this occurrence diminishes the distortion which is the cause of the pain

DR CATTELL One can say rather definitely on the basis of experience that a short contraction does not produce pain but one sufficiently long will become painful That, of course, involves two things—long contraction and also shutting down of the blood supply But the fact that one may carry on intermittent contraction involving just as much work over a period of time without pain would seem to put emphasis on the circulation as a factor in the pain

DR GOLD Is Dr Martin here? How about pain due to gastric spasm? I know accounts of people with spasm of the stomach producing hourglass defects without any pain at all Do you think spasm of the intestinal tract causes pain or is the pain due to the disturbed peristaltic motility? Can you relieve the pain while the patient retains the spasm?

Dr. Kirby Martin I think the whole subject is very interesting in relation to the gastrolntestinal tract because there is no organ which is constantly in motion, a portion with fast motion propelling contents along into a portion with slow motion The stomach emptles fairly rapidly The motion in the duodenum is also rapid The motion in the small bowel is slower, and in the colon there may be stasts for hours Spasm In the colon may be associated with diarrhea or By x-ray, they look the same constrpation Either may be painful or painless I know of no drug which will relieve the spasm of a so-called hourglass stomach The condition may be there for months and cause no pain I think that fully 90 per cent of the symptoms arising in the gastro-Intestinal tract have an unexplained origin. They are apparently due to some disturbances in motility which vary with the types of individuals and from time to time in the same individual

I want to give you credit for your statement about atropine I never heard that statement made by one from your department or similar departments before I agree with you absolutely I think that the effect of atropine in the usual clinical doses is due to the personality of the doc-

tor who gives it

Dr. Gold Dr Palmer, how do you manage the problems of pain with spasm in the gastroin-

testinal tract?

DR DOUGLAS PALATER There are several areas of spasm in the gastrointestinal tract. A word about cardiospasm. It is not a very frequent condition and it is necessary to distinguish It from cancer Mechanical dilatation is the only thing that helps. In my experience, belladonna, phenobarbital, and other sedatives are of no assistance in such a case Spasm in the rectum or anal spasm is very common and extremely painful The diagnosis is frequently overlooked and the condition is often badly treated It is almost always due to n lesion, generally a tear, just in the midline in the back of the anal opening The medical treatment of pain there is to maintain the bowel movement soft, using a lubricant, and to apply heat.

In the case of pylorospasm, the treatment is directed to the cause If it is caused by gastrio ulcer, the treatment is that for ulcer The same treatment applies also, if the primary condition is extrame pathology, such as gallbladder disease or chronic appendicatio. In acute pylorospesm rest is important, the stomach should also be rested by withholding food, particularly irritants, coffee, alcohol, and cold drinks Heat to the abdomen is helpful and opiates are sometimes necessary

DR. Gold As regards oplates in pylorospasm, I would be inclined to think that the relief of pain

is due to either the central supp:

pain sense or to suppression of the motility of the stomach since spasm itself is likely to be increased by the opinte

Dr. Palmer I may say n few words about the treatment of spastic colon Spastic colitis, or the so-called irritable colon, is a very frequent diagnosis. This is a condition which gives rise to n great many symptoms, gaseous distortion, distress, constipation, loose bowel movements, sometimes nausea, sleeplessness, and loss of weight. A good many people feel that it is the most common cause of abdominal distress, and some go so far as to say that, if we could make a better diagnosis of this condition there would be less people operated on for chronic appendicates You find it in both men and womon Thore are many causes Some people feel that irritative cathartics are a very frequent cause smaller number of cases are probably due to carbobydrate fermentative changes In these people you find acid etools that are mushy and contain bubbles of gas. I think much rarer is the type due to excess protein putrefaction There you have an allaline stool Theoretically, the treatment should be very simple if you could change the intestinal flora. We had an epidemio of acadophilous-milk treatments a few years ago. It was sold in all the drug stores Another cause, almost as frequent as the use of irritative cathartics, is the overexutability of the vegetative nervous system due to stress and strain, fatigue, worry, overwork, family difficulties, and the wear and tear of modern life in general. These people suffer from many, persistent, and varying gastrointestinal symptoms. Abdominal examination is apt to reveal a ropelike colon on the left side There may be a boggy distended cecum. You probably all have seen this condition which has now come to be called the spastic colon x-ray beins in the diagnosis At the end of twenty-four hours you see a lot of chopped-up discrete masses of barrum particularly on the left side, and if you give the patient a barrum enema. you find there is a narrowed cecum.

As to the treatment, bed rest, the application of heat where possible, and diet are the important factors Probably one of the most important measures is a bland diet in which at first you cut out fruits, raw fruits and raw vegetables, iced drinks, coffee, irritants of all kinds, and alcohol We all use the gastric sedatives, 1/10 grain of atropine sulfate, or combinations of ntropine or belladonna and phenobarbital Oil-retention enemas, which are retained overnight are sometimes useful

Dn Gold Could we bear from Dr McLellan about treatment of pain in disorders of the genitourinary tract?

servation indicates that pain from the kidney. pelvis, bladder, and ureter is due to hypermotility of the smooth muscle when it is distended and If these organs peristaltic waves are present become overdistended sufficiently to suppress peristaltic activity, the pain disappears An obstruction in the ureter per se, such as by a stone in the ureter, does not cause clinical renal colic, although some vague discomfort may be present A stone in the kidney pelvis may cause slight discomfort in the costovertebral angle and a stone in the ureter may give vague discomfort along the outer border of the rectus muscle from the umbilious to the suprapubic region, depending upon the location of the stone from the ureteropelvic junction to the suprapulic region may cite the case of Mrs Madigan, who had a single kidney with an infected, greatly dilated ureter containing a large stone The first symptoms of obstruction in her case were anuma and The patient readily recognized hese clinical symptoms and would come to the office asking that a catheter be passed to dislodge the With this, symptoms would disappear At no time was there pain referrable to the kid-I would presume that no peristals was present in her case It is a common observation that a ureteral stone may cause acute colic at The pain then completely subsides and an intravenous pylogram taken later shows a nonfunctioning kidney I assume this to represent a state in which the peristaltic waves have subsided, resulting in a painless pathologic condition

An overdistended bladder at the onset is always painful but if neglected or morphine is given to mask the symptoms, pain will disappear Again I interpret this observation to mean that peristaltic waves at the onset with distention cause pain which is later followed by subsidence of pain due to the subsidence of the peristaltic waves. The pain disappears because of transient paralysis of the bladder.

It is notuncommon, following ureteral catheterization in which no pathologic condition is found, that the patient may have an acute renal colic as the result of the manipulation. One interpretation that I can give is that the trauma causes spasm and that the spasm may act, as in the case of the stone, to produce pain in relation to hypermotility or hyperperistalsis

A renal colic will invariably cause spasm of the abdominal muscles, namely, the transversalis, and internal and external oblique muscles, which will stay in a state of contraction. This will result in pain in this muscle the same as prolonged contraction of any skeletal muscle.

Clinically, the so-called antispasmodics, such as atropine, syntropan, and spasmalgin, have, in

my experience, no effect in cases of severe renal colic. The only drugs which I know will relieve pain in the urinary tract due to spasm of the smooth muscles are the opiates and their derivatives. In healthy adult patients, 30 mg may be given and this repeated in one half hour if necessary. Tincture of Hyoscyamus in combination with citrates is only of value in so far as the pH of the urine is altered. Calcium gluconate given intravenously has been, in my experience, without benefit in renal colic.

DR GOLD Dr Shorr, does the pain in association with the contraction of the uterus present any special problems?

DR EPHRAIM SHORR I think we remain particularly uncertain and insecure in our treatment of pain of uterine origin. Fundamentally, this is related to the question which Dr. Gold raised with respect to the relation between muscle spasm and pain.

There are some very good accounts of the behavior of the uterus during the sexual cycle . During menstruation there are contractions, relatively slow, of moderate amplitude, which persist throughout the period of menstruction uterus is firm and the firmness is general follows a period of relative quiescence until the preovular spurt in the growth of the follicle, in the four or five days associated with the rapid development of the follicle and the increased excretion of estrogens, there is a very great increase in the amplitude and frequency of the contractions This is followed by another period of quiescence, and then a day or two premenstrually there is again an increase in the amplitude, giving rise to the menstrual characteristics of the uterine contractions From the analysis of hormonal response of uteri which have been deprived of their endogenous hormones, we know that the estrogenic hormone increases the activity of the uterus, its amplitude and frequency of contractions, and renders it much more susceptible to the action of the oxytocic principle of the posterior pituitary, and that progestin has the opposite effect

We can place women into various categories. There are those to whom these episodes of increased contractility are unassociated with any awareness of the uterine contractions, then there are all gradations between this group and the women in whom menstruation produces almost intolerable cramps, associated with so many other distressing phenomena, nausea, vomiting, and all the bizarre things that may be seen in extreme cases. There are some women who are very definitely aware of ovulation, and that there is a physiologic basis for their awareness is evident from the nature of the contractions throughout this period

Is there any difference in the contractions of the

uterus of women who have dysmenorrhen from those who have painless menstruation? The best studies I knew of, which have been made by the insertion of balloons at this time, have indicated no difference whatsoever in the force or in the frequency of the uterine contractions, so that we cannot differentiate the two types on the basis of the contraction of the uterus. The difference lies in their response to the contraction.

A great variety of thorapoutic procedures have been instituted to deal with the problem of dysmenorrhea. Of course, the simplest one is to use the analgesies, starting with the mild ones and going to codeine, and finally to morphine, but that seems to avoid contact with the hormonal influences that we do know definitely alter the rate and degree of contraction. A variety of hormonal procedures have been adopted which are

varvingly successful

There has been an attempt to classify women with dyamenorrhea into two types one type with a hypoplastic uterus, in whom estrogenic hormone thorapy is applied, and the other with a normal type of uterine contractions in whom the depressing effects of the progestical hormones on uterno contraction have been utilized. I find that those distinctions are not very clear cut, and that the response is irregular to both hormonal regimens which are usually started a few days premen strually and are continued throughout menstruation.

There is still another regmen, adopted hy Sturgs and Albright, and others, which is farly successful Large doses of estrogenic hormone are given, starting rather early in the cycle, say, about the sixth day, 10,000 rat units every third day for six doses. The succeeding period is frequently less painful or may be entirely free of pain. This is inparently an end achieved not without cost, because both assays of progestin at that time and hiopsies indicate that we have very scriously interfered with normal menstrual function. My own feeling is that these measures are justified in those women whose dusahillty is so severe as to become a serious problem.

I would like to present another point of view which seems to be borne out not only in this particular field of pain hut in so many others, namely, that of the emotional state of the patient. You will recall that the nterine contractions in dysmenorrhea ere the same as in women with painless menstruation. I think one can do very well in picking out, before one has gotten very far along in the history, those women who are likely to have dysmenorrhea. They can be distinguished from those who are likely to have painless menstruation. The state of tension, the degree of neurosis, the state of anxiety and particular stress seem to be the conditioning factors which

make, from what is apparently a perfectly normal type of contraction, one that is reacted to with pain. There are, of course, those patients in whom the pain is so severe that something must be done prior to any long-term therapy, but the aim should involve a more general approach to the problem of dysmenorrhea on the basis of personality factors. It is not one for long-range management with drugs.

Dr. Wolff Do you think the estrogen affects the contraction pattern of the nterus or the pa-

tient's reaction to it?

DR. SUORR I am not cortain, of course, but I am Inclined to the belief that the effect on the patient's reaction is the most important factor

DR. CATTELL Since your formulation would give some importance to factors influencing the central nervous system, would you not use sedatives on occasion?

DR Suonn Yes, indeed.

DR WOLFF How about alcohol and aspirin?
DR SHORE Brandy and aspirin are favorites in women under these circumstances

DR GOLD I am inclined to think that the factor of pull, distortion, or tension is not ruled out as a cause of the pain in the dysmenorrham woman. A normal pattern of contractions might very well produce no tortions in one weman, while producing painful pulls in another. It might well depend, for example, on the relation of the uterus to adjacent structure, which might very from person to person

I don't wish to take issue with the notion that the psychologic constitution of women is n very important factor. I wish merely to stress the fact that pain which arises in relation to a strong muscle contraction need not arise in the contraction itself, but in the effect of the contraction or related or adjacent structures. The difference between the normal and dysmenorrhone woman may lie in these relations rather than in the pattern of the contraction of the uterus itself. It is precisely analogous to what we have already mentioned in connection with pylorespasm. What causes the hurt is not the spasm itself, but the related movements of the stomach giving rise to tensions and tortions.

Dr. Shorn There can be no doubt of the frequent instances of dysmenorrhes being relieved by the relief of stress A vacation often does it

There is one other condition I would like to point out because I think it is overlooked more often than it should be, and that is the presence of endometriosis I do not qualify as a gynecologist, but I have lad some experience with that particular form of dysmenorrhea, and not infrequently such women will have gone for years and years to physicians, complaining of dysmenorrhea which differed in no specific degree or quality

from ordinary dysmenorrhea, without the diag-Those patients can be nosis of endometriosis relieved by surgery, as you know, but they may also be relieved, if the endometrial deposits are not too extensive, by the use of androgens drogens do two things One, they cause the endometrium to involute, two, in proper doses, they prevent the next discharge of gonadotropic stimuli from the pituitary so that a menstruation is missed, and during that period there is a regression of the endometrium It so happens that the ectopic endometrium is much less resistant to such temporary omissions of hormonal stimulation than that of the uterus, and not infrequently one or two such courses with androgenic therapy results in marked or even complete relief of pain The diagnosis of endometriosis is always to be borne in mind

DR GOLD Dr Hansson, I believe that one of the major problems in physical medicine is to relieve muscle pain Would you tell us briefly what you do?

DR HANSSON Spasm of skeletal muscle represents merely an increased tone of the muscle The action-current shown by the electromyogram is the same for a muscle spasm as it is for a normal muscle during contraction We encounter pain in the skeletal muscles in a wide variety of situations the spasticity of cerebral hemorrhage, local conditions such as myositis, as in the case of the trapezius muscle or wry neck, spasm in association with fractures or pathologic states around the joints, spasm resulting from impaired circulation as in ischemic contracture, skeletal muscle spasm due to general conditions as in meningeal irritation, and the spastic muscles of poliomyelitis

There have been some interesting experiments in recent years relating skeletal muscle spasm to acetylcholine. Prostigmine has been used for the relief of muscle spasm in poliomyelitis and in arthritis on the basis of the assumption that the resulting increase in acetylcholine at the neuromuscular junctions will relax the muscle. Some writers have made a good deal of this medication although our own experience has not been nearly as encouraging.

Spasm in the skeletal muscle will usually respond to the application of heat, either external or internal heat by means of electrical currents, or a combination of the two—In regard to external heat, there is some question of a choice between moist heat and dry heat—I believe that both do essentially the same thing physiologically

Visitor Isn't it true that the application of heat is probably the most valuable therapeutic measure in the treatment of skeletal or smoothmuscle pain? Is not the return of the circulation

to the affected parts as the result of the heat the reason for the cessation of the pain?

DR HANSSON I think that the pain of skeletal muscle is often due to impaired circulation and that the relief is due to improvement in the circulation

DR GOLD I would like to ask Dr Hansson how he decides whether he should use dry or moist heat for the relief of pain associated with skeletal-muscle spasm

Dr Hansson This is a very practical ques-As I stated, physiologically, the two are the same However, from the standpoint of the practical application, moist heat presents certain advantages In the case of dry heat, we usually use an incandescent lamp and the heat increases gradually as its application continues There is the danger of overheating Furthermore, it strikes only that part of the body on which it is focused, the areas to the side or the back fail to get any exposure On the other hand, in the case of moist heat, usually applied by moist packs, the maximum amount of heat is present at the start and with time tends to cool off toward normal There is, therefore, little danger of burning and there is the further advantage of being able to distribute the heat all around an extremity

DR GOLD Is there anything else that the physiotherapist does to relieve pain of skeletal-muscle spasm besides applying heat?

DR HANSSON Yes, indeed There are several measures which are used in physical medicine in addition to heat to promote relaxation of muscles Gentle massage, including stroking or effleurage, is often quite effective. We sometimes use iontophoresis with members of the histomine group introduced into the skin by means of electrical cur-Progressive relaxation exercises requiring the special technic of Dr Edmund Jacobson, of Chicago, are beneficial in hemiplegia or other cerebral spastic states The continuous bath as commonly used by the psychiatrists to quiet the excited patient has the effect of relaxing skeletal muscle, in this case it may be that the heat is responsible for it Cold is another measure which indirectly relaxes skeletal muscle as applied to reduce the distention of a joint capsule or hollow sac, since the pain of the distention tends to cause reflexspasm of the skeletal musclearound the joint

Visitor Could we have some advice as to how to treat the acute muscle cramp in the legs which often comes on while the patient is in bed at night? What should you do to relieve it, or what can the patient himself be instructed to do?

DR HANSSON I believe that most of these cramps are the result of a circulatory deficiency due either to a systemic lowering of the blood pressure when the patient is at rest or a local deficiency in the circulation due to vascular disease

of the extremity Therefore, the treatment should be directed teword increasing the circulotion. This can be done by the application of n liet pack or electric pad, and also by having the patient hang his legs over the side of the bed ond exercise, alternately flox and extend, the ankles and toes, or have the patient get out of bed, which he usually does instinctively, and stood or walk. These measures usually relieve the cramps. A dose of 5 or 10 grains of aspirin may be helpful Qulinie has been used for rolaxing skeletal muscles. A dose of 5 or 10 grains of quinne sulfate may also be tried.

Dr. Golo Dr Travell, yeu have had some experience with the management of skelotal muscle pain. Weuld you tell us something about what

you de?

DR TRAYFLL I have been particularly loterested in the treatment of muscle pain by means of local infiltration of nevocaine into the socalled "trigger zeoes" in the skeletal muscles The pain in the cases to which I refer is usually of obscure erigin and there is no causative diagnosis They include such syndromes as the frozen shoulder, leve-back pain, stiff neck, tenuls elbon, and stiff and painful knees A careful examination shows that the pain is associated with spasm of the muscles resulting in limitation of motion. In these cases every kind of laboratory examination is negative, x-rays of the bony structures, blood count, blood sedimentation rate, blood chemistry and the spinal fluid may show ne significant The neurologic examination abnormalities is also cerative. Those muscles which cross the loints at which limitation is observed show localized areas of deep tenderness Pain is elleited when the tender muscle is stretched. If there is pain at rest as well as oo motion, some spot in on appropriate muscle cao olmost always be found, firm pressure on which reproduces or locreases the pain This is called a trigger zone and represents an abcormal area within the muscle, from which pain is referred to oreas often located at a considerable distance from the trigger some For instance, in patients with low-back paio, trigger zones in the gluteal muscles frequeotly give use to palo radiating down the back and outer sido of the leg as far as the onkle, resulting In the chinical syndromo of sciatica

In the management of these patients, briefly, this is what I do After examination of the nucles for tender spots, restricted motieo, and paneos reclining, and the setting off of referred pain hy pressure, and ofter I have ruled out other types of pathology, I infiltrate as many trigger areas as I cao find, or as the patient will tolorate I generally use a 0.5 per coot to 0.25 per cost solution of procaine hy drochloride in physiologic saline, which must be pyrogen-free There is ne epine-

phrine in the solution. It is not necessary to infiltrate the skin. When the needle poottrates into a trigger zone, this section of the muscle usually can be seen or felt to twitch and the patient experiences in sharp radiating pain which may build up in the reference according several seconds or even minutes, spreading in waves from one part of the reference area to onother. This suggests a mechanism of pain reference in the central porveus system based on o "reverberating neurose circuit" as postulated years ugo by Hinsey to explain motor afterdischarges.

But to come back to the patient When a trigger area is found, the needle is moved rapidly back and forth in this region until the whole area has been "peppered" with the solution and the patient oc leoger feels the movement of the occile or the introduction of the fluid. The trigger area 10 o large muscle mass seems to be o glebular spot nbout a centlmeter in diamoter er in a small muscle, only 2 or 3 mm in diameter. In making the injection, it is not necessary to retract on the plunger of the syringe to determine whether the point of the needle may be located in n blood vessel because during the injectico the needle is kept in metion so that he mere than h drop er two is introduced at any one point and because the solution of procume hydrochleride used as sedilute The total amount of the solution injected in attempting to abelish any single trigger sone ranges usually from about 2 to 5 ce

It should be emphasized that the infiltration of an active trigger area should be repeated until deep tenderness of that site is inholished, even though several trials are necessary. The incomplete blocking of trigger areas is probably responsible for most of the inferpoin and some of the failores from this type of treatmoot. In creased paio for a day or two following the treatmoot also results when the reference orea, instead

of the trigger zone, is infiltrated

Another reason for o poor end result is that the search for additional trigger areas is oot sufficiently persistect. When marked relief from pain nod disability has been secured for a period of time and the pain subsequently recurs, one should first reinvestigate the trigger areas already injected, but it will generally be found that the trigger zones located elsewhere than in the muscles already treated are now responsible for the recurrence of pain. This is usually confirmed by a change in the site of pain.

Sometimes disagreeable but not dangerous reoctions to procaioe hydrochleride are encouotered, such as light hendedness, duxiness, drowsiness, or motor incoordination. The patient feels
as if ho had had a strong cocktail. These effects
wear off withio fifteen or twenty minutes ood aro
due to actions of the drug on the central nervous

system They are much less noticeable if the treatment is given with the patient lying down Some patients apparently have a true idiosyncrasy to procaine hydrochloride, with immediate collapse symptoms which can be antidoted by epinephrine, but this is infrequent and usually may be anticipated by a careful history for allergies

A rare reaction is the delayed appearance of convulsive movements, or convulsions, one or two hours after the procaine. I have seen this once in about 500 patients treated by this technic. This reaction may be prevented or abolished by the barbiturates, and as a precaution, and also to make the patient less apprehensive, I often give pentobarbital sodium, 0.1 Gm by mouth, ten or fifteen minutes to a half hour before the treatment is begun. I also limit the amount of procaine used at the first visit to 100 mg, and increase it gradually, if need be, at later visits

In patients with a known allergy to procaine, I use plain physiologic saline solution for infiltration. I have now quite a group of patients who have been treated in this way with physiologic saline alone from start to finish, and it is my impression that the results are just as good as when procaine is used. The addition of procaine to the solution unquestionably makes the injection more pleasant to the patient in that the pain set off by needling the trigger zone is less intense and of shorter duration than when saline alone is used.

Now, as to the mechanism of the relief of pain by this kind of treatment. The most puzzling fact is that a procedure with such temporary pharmacologic effects produces in many instances long-lasting or permanent relief. For instance, if the pain is of short duration, of the order of two or three weeks, one treatment usually suffices. If it has been present for periods of months and even years, marked relief is often secured after three or four treatments given at weekly intervals. This suggests that the spasm of the muscles is a functional disorder and that the infiltration has in some way interrupted a vicious cycle.

The relief of pain cannot be the result of a simple local anesthetic action of procaine as I once thought, because saline is equally effective. Nor is the relief due to purely psychic effects of the treatment, since infiltrating nontender areas of muscle, a procedure which does not elicit any spread of pain, is quite ineffective in relieving the symptoms

Dr Nolton Bigelow has pointed out to me that Gellhorn's experiments offer the best explanation of this enigma of the relief of pain by the local infiltration of trigger zones. Gellhorn found that pain induced by the ischemic contraction of a muscle temporarily abolishes the deep tendon reflex of that particular muscle, whereas ischemia alone, in

the absence of pain, has no such effect. One must conclude that afferent pain impulses in some way block reflex pathways, possibly by using up some chemical substances necessary for the transmission of the impulse. In the patient in question, the intense discharge of pain impulses set off by infiltrating the trigger area would serve as the essential factor in breaking the vicious cycle and relaxing muscular spasm.

DR GOLD I take it, then, that you believe that the thing that relieves the muscle pain is a painful stimulus striking the trigger area rather than the anesthetization of the trigger area, is that so?

DR TRAVELL Yes, I believe that is the explanation

## Summary

DR Gold The management of pain in association with muscle spasm was the subject of the conference today. This problem is not an exclusive one. Several specialties have a stake in it—pharmacology, neurology, psychiatry, orthopedies, gastroenterology, urology, endocrinology, physical medicine, and others. Some special aspects of pain with muscle spasm as arising in these various fields were explored.

Relatively little was said about the cause of the muscle spasm itself. Concerning this, there are many suggestions in the literature—infection, fatigue, anovia, toxic factors, neuritis, vitamin deficiencies, alkalosis, hypocalcemia, and others

Neostigmine has been found to increase muscle contraction and promote spasm, while others have made use of it for the purpose of relaxing muscle. There is an interesting contribution to the subject of muscle cramps in the recent studies of van Wagtendonk and his collaborators, who isolated a dietary factor in raw cream which cures muscle stiffness in animals.

The discussion, however, turned around a different question whether the contraction of muscle per se is competent to give rise to a painful stimulus The view was expressed that the contraction of muscle does not cause pain, and that when pain arises in association with muscle contraction or spasm, it is due either to ischemia resulting from prolonged contraction, or pulls, tortions, and distentions arising in connection with Many illustrations long or brief contractions were cited of the fact that muscle spasm does not It was indicated necessarily give rise to pain that in the relief of pain associated with muscle spasm there may be two modes of attack-one, to relax the spasm itself, and two, to control those factors giving rise to pulls, tensions, and distortions of muscle and adjacent structures was some discussion of several drugs commonly

employed for the control of pain in association with spasm in smooth and in skeletal muscle, such as atropine, novatropine, syntropan, trasentin, opiates, aspirin, prostigmine, quinine, and novo-Their mechanism of action, uses, and limitations received some attention

#### MENTAL DISLASL PREVENTIVE

Prevention of mental diseases especially dementia praccox, by insulin and other shock treatments, is a far from fantastic possibility Dr Benjamin Malzberg, director of the Bureau of Statistics, New lork State Department of Mental Hygnene told members of the American Psychopathological Association meeting in New York.

Dr Malzberg bases this opinion on two facts Very favorable results are achieved by insulin shock treatment when the disease is of short duration less than a year or, better, less than six months. Changes in behavior and personality heralding the onset of dementia praecox, can often be detected at an early

stage Child guidance activities can be extended, he believes, so that 'early diagnosis and early treatment may go hand in hand, thereby writing a new page in

proventive psychiatry "

Shock treatment, especially that produced by insulin "brings about more recoveries and more cases of improvement than was formerly the rule," Dr Malzberg said, citing figures from New York stato hospitals.

Considering that dementia praccox was once held to be a deteriorating and incurable condition, this must be regarded as a contribution of the first magnitudo.

"Shock therapy does not as yet prevent mental disease," he stated, "but it restores many men and women to levels of usofulness and productivity and thereby lightens the social burden."

It is not a cure-all, many patients do not respond to the treatment and there are many relapses, he said.

Although exceptionally good results may be obtained in some institutions, others report less favorably

The difference in the technic employed for treatment, Dr Malsberg suggested, accounts for some of the variation in results. On this point he statal

"The treatment is very rigorous and in many cases it demands great courage on the part of the physidian.

Consequently there is often a temptation to stop the treatment even before the essential stages of the come are realised. This is probably the chief factor influencing the unfavorable treatment in so isotor influencing the unlaworshic treatment in so many cases. In those of our hospitals where the treatment was carried furthest, where the phyn-cians were well trained in this therapy, and recog-nized the neurologic signs developing during hypo-glycenia, the results were very favorable."— Science News Letter, May 8, 1945.

#### SEMINARS OFFERED AT CARDIAC SANATORIUM

A course of seminars on rheumatic fever and rheumatio heart disease will be held at St. Francis Sanatorium for Cardiac Children, Roslyn, during the month of October The course will begin at 10 30 A.M. on Tuesday October 2, and will continue every Tuesday and Thursday thereafter until Thursday, November 1, when the final seminar will be given.

The seminars will discuss the following subjects epidemiology pathology clinical course of disease, laboratory aids in diagnosus, public health aspects, and care and management. The participating faculty includes Dr Cary Eggleston, associato professor of clinical medicine, New York Hespital and Corneil Medical School, Dr Oswald Fenton Hedley, surgeon Public Health Service Washington, DG Dr. Thomas Ducket Long agriculture of Thomas Duckett Jones, assistant professor of medicine, House of Good Samaritan and Harvard Medical School, Dr John Rodman Paul professor of preventivo medicine, New Haven Medical School, New Haven, Connecticut, Dr Homer Fordyce Swift, Hospital of the Rockefeller Institute of Medi

cal Research, New York Dr Leo M Taran, medical director, St. Frances Sanatorium for Cardiac Chil dren, Dr William Carson Von Glahn, director of pathology at Believue Hospital and professor of pathology at New York University College of Medi-cine, and Dr. May Georgiana Wilson associate profeesor of chinical pediatrics New York Hospital and Cornell Medical School.

It is the purpose of the seminars to invite the medical profession to participate in discussions whose aim would be to separate the facts of rheu matio disease from fiction and false views, and to re-construct a true picture of this disease as it is seen in medical practice.

It is further hoped that such discussions would atimulate a search for clarification of some of the yet confusing issues surrounding the body of solid ovidence.

Further information with regard to this course may be obtained by writing to St. Francis Sana torium for Cardiac Children

# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

# Jefferson County Hears Lecture on "Headache"

THE Jefferson County Medical Society heard a lecture entitled "Headache" on September 13 at 8 00 PM at the Black River Valley Club, Water-

Dr Harold G Wolff, associate professor of

medicine, and psychiatry, Cornell University Medical College, was the speaker

The instruction was arranged by the Council Committee on Public Health and Education of the Mcdical Society of the State of New York

# Instruction on the Failing Heart and Arthritis

TWO lectures in general medicine have been arranged by the Council C ranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York for the Monroe County Medical Society on October 23 and 30 Dr Harry Gold, associate professor of pharmacology, Cornell University Medical College, will speak on "Management

of the Failing Heart," and Dr Russell L Cecil, professor of clinical medicine, Cornell University Medical College, will lecture on the subject of "Evaluation of Present Methods of Treatment of Arthritis "

The instruction will be given at 8 30 PM at the Rocbester Academy of Medicine

## BROMIDES AND BARBITURATES

From a recent review of the literature on the neuropsychiatric effects of barbiturates and bromides a number of interesting points emerge have a depressing action on the entire nervous system, and the same is believed to be true of barbiturates, though some authorities think they have a selective action on midbrain vegetative cen-Their neurologic effects are slightly different Nystagmus, convulsions, and a positive Babinski are fairly frequent in cases of barbiturate intoxication, but they have not been reported in bromism The disturbances of motility in cases of barbiturate poisoning have a cerebellar character and are different from the apraxic awkwardness obscrved in Curran considers that paraphasic bromide cases speech disturbances, visual hallucinations "at a distance," confabulatory memory defects, and some other symptoms are of diagnostic value in the oblivion of bromide poisoning

Drug psychoses make up a perceptible proportion —about 1 per cent— of all admissions to mental hospitals in the USA They are about four times as common in men as in women, and the patients have usually begun to use the drugs in the third and fourth decades According to insurance sta-tistics barbiturates are responsible for about 6 per cent of the sucides and 18 per cent of the accidental deaths of policy-holders In the USA morphine addicts who have been unable to get the drug have in some cases taken to using nembutal Laboratory tests for bromides in the blood are simple and satisfactory, tests for barbiturates are in a less advanced state and do not appear to be of practical value

The treatment of bromide intoxication consists in stopping the drug, forcing fluids, and giving sodium chloride. In the treatment of barbiturate intoxication of severe degree gastric lavage is followed by the administration of 30–60 grains of magnesium sulfate. Intravenous dextrose (5 per cent) is recommended Pierotoxin has been found valuable by many workers, and a 0 3 per cent solution should be given at the rate of 1 cc a minute until corneal reflexes reappear and the patient responds to powerful It will have to be repeated at hourly or two-bourly intervals, and 3-6 mg an hour will be required. One patient is recorded as having been treated in this way for seventy-eight hours, receiving a total of 559 mg of picrotoxin before he regained consciousness

Although the dangers of barbiturate intoxication cannot be minimized, they are not now taken quite so seriously as they were before the war A great majority of the fatalities must be due to suicide The barbiturates are now very extensively employed, particularly in anestbesia, as hypnotics, for the treatment of epilepsy, and in psychiatry for producing various degrees of sedation up to continuous narcosis For these purposes they would prove in practice irreplaceable. Though they all belong to the same chemical family, they vary very widely in their physiologic effects and can be employed for a great diversity of uses It seems that the family is still a prolific one, and that further additions will supply us with drugs with new uses and with greater safety factors than in the past.—Brit. M J, M arch 31, 1945

# Thirty-Ninth Annual Meetings

of the

# District Branches

of the

# Medical Society of the State of New York

#### PROGRAMS\*

#### First District Branch

Tuesday, October 30, 1945

New York Hospital-Westchester Division

White Plains, New York

Afternoon Session-4 00 P.M Clarence O Cheney, M D, presiding Medical movie

"A Review of the Various Methods Used in the Treatment of Thrombophicbius of the Ex tremities"

Frederick W Bancroft, M D New York City,

Frederick W Bancroft, M D New York City, associate clinical professor of surgery, Columbia University, College of Physicians and Surgeons, Attending Burgeon, Metropolitan Hospital "Infectious Jaundice and Hepatitus" Franklin M Hanger, M D., New York City, associate professor of medicine, Columbia University College of Physicians and Surgeous associate physician, Presbyterian Hospital 5 00 p M — Dinner at the Rozer Smith Hotel

6 00 PM —Dinner at the Roger Smith Hotel
Address by Edward R. Cunnife,
M.D., Bronx, President, Medical
Society of the State of New York

Evening Session-7 30 P.M Scott Lord Smith, M D., presiding

Medical movie "Headache"

Harold G Wolff, M D., New York City, associate professor of medicane, Cornell University Medi cal College, associate physician, New York Hospital

"Management of the Failing Heart"

Harry Gold, M.D., New York City, assistant profeasor of pharmacology Cornell University Medical College

Officers-First District Branch

President Scott Lord Smith, M D., Poughkeepsie Harold F Morrison, M D, First Vice-President Tuxedo Park Second Vice-President Stephen R. Monteith, M.D.,

Nyack Secretary Landaman. M.D. Bronx Honry W Treasurer

Miller, M D., Brewater

Presidents of Component County Societies

Frank La Gattuta, M.D., Bronx Donald Malven, M.D. Pourhkeepsie Kirby Dwight, M.D., New York City George E. Kenny, M.D., Port Jervis George H. Steacy, M.D., Lake Bronx Dutchess New York Orange Putnam

Mahopae Milton B Lloyd, M D , New York Richmond City

Rockland Edwyn W O'Dowd, M.D., Tappan Westebester Laurance D Redway M.D., Ossining

## Second District Branch Wednesday October 24, 1945 United States Naval Hospital Saint Albans, Long Island

Morning Session 9 30 A.M - The Etiologic Importance of Allergic Rhinitis In Gastrointestinal Complaints"

Comdr James R. Barnard, (MC) USNR

Programs for the annual meetings of the other District Branches appeared in the September 15 issue -- Editor

"The Diagnosis of Infestation with the Sarcoptes Scablei var Hominis" Lt. Eugene A. Hand, (MC)USNR 'Electroencephalographic Findings in Naval Personnel

Lt. Russell A. Anthony, (MC)USNR Repair of Total and Subtotal Loss of

Skin and Soft Tissue on the Sole of the Foot" Capt William G Hamm, (MC) ÚSNR "The Management of Acute Arterial Occlusion" Lt Comdr Gerald H Pratt, (MC) USNR "Sympathetic Surgery in the Treat-ment of Causalgia" Capt James A White, (MC)USNR 12 30 PM —Luncheon

#### Afternoon Session

2 00 PM —Address by Edward R. Cunniffe, M D Bronx, President, Medical Society of the State of New York "Clinical and Pharmacologic Studies of the Administration of Penicillin" Walsh McDermott, M D, New York

### Woman's Auxiliary

The Woman's Auxiliaries of the four county medi-

cal societies on Long Island will attend the luncheon. Nurses and Waves will show them about the Hospital in small groups Bridge in the afternoon

## Officers—Second District Branch

Everett C Jessup, MD, President Roslyn First Vice-President John B D'Albora, MD. Brooklyn Charles C Murphy, M D, Second Vice-President Amıtyvılle Secretary-Treasurer Charles F McCarty, MD, Brooklyn

## Presidents of Component County Societies

Kings Joseph Tenopyr, M D, Brook-Nassau William C Atwell, M D, Great Neck Queens Edward C Veprovsky, M.D. Flushing Robert W Southerland, MD, Suffolk West Brentwood

# Eighth District Branch

Thursday, October 4, 1954

Buffalo, New York

# Morning Session

10 00 A.M -- "Blood Dyscrasias" Stuart L Vaughan, MD, Buffalo, assistant professor of medicine and associate in bacteriology, University of Buffalo, School of Medicine

11 00 A M -- "Occiput Posterior" -- (Movie) "Rh Factor in Obstetrics"

Raymond J Pieri, M D, Syracuse, professor of clinical obstetrics, Syracuse University, College of Medicine

12 30 PM -- Luncheon

Address by Edward R Cunniffe, M D Bronx, President of the Medical Society of the State of New York

### Afternoon Session

1 45 P M —Business meeting—election of officers 2 00 PM -"Treatment of Common Fractures and Wounds" Henry H Ritter, M D, New York

City, professor of clinical surgery, New York Post-Graduate Medical School, Columbia University

3 00 P M .- "Surgery" (Topic to be announced)

Hotel Statler

Richard B Cattell, M.D., Lahey Clinic, Boston, Massachusetts Ladies will join with members of the District Branch for luncheon.

Officers-Eighth District Branch President Peter J Di Natale, M D, Batavia Robert C Peale, MD, First Vice-President Olean Second Vice-President John C Kinzly, MD, North Tonawanda William J Orr, MD., Secretary Buffalo Henry S Martin, MD, Treasurer Warsaw

Presidents of Component County Societies John F Glosser, M D, Wellsville Maurice G Sheldon, M D, Olean R. M Bruckheimer, M D, Cassa-Allegany Cattaraugus Chautauqua daga Abraham H Aaron, M D, Buffalo Paul P Welsh, M D, LeRoy William E Mathews, M D, Niagara Ene Genesee Niagara Falls Orleans Leon G Ogden, M.D., Holley Wyoming Kosseff, MD, Attica Abraham

## Honor Roll

## Medical Society of the State of New York

## Member Physicians in the Armed Forces

(By County Societies)

## Supplementary List

Eric County
Wagner Leverne (Lt )

Westinghouse Walter D

Kings County

Colombo, Antonie (Lt.) Koppelman, Harold Comdr.) Nassau County
Galbraith, Biven R.

Held, Edward
Laurence, John G
Roszell Leo H

New 1 orl County Danforth, David N (I t.)

Coundr)

(Lt.

Greenwood, Murray A (Capt.)

Niagara County

Alessi, Alfred C

Ontario County
Merrill Erwin C

Queens County Artandi, Tibor (Lt.)

#### 'SLEEPING PILLS AREN'T CANDY"

"The doctor said death was apparently due to an overdose of sleeping pills." Too often is this diag nosis appearing in today's papers. Whether it comes from Hollywood or Now York, or whether it happens in small towns among insgruiscan people who never make headlines, it is a reflection on inadequate law, inadequate law, indecendent and lack of unformity between laws of different states, or, according to Rits Halle Klesman in the Saturday Seeing Post for February 24, "the doctors themselves are to some extent responsible for this." According to the article, "Sleeping Fills Aren't Candy," in 1929, 2,200 000 doses of the barb tursters were sold daily and their use was rapidly increasing. A town of 10 000 inhabitants was found to have 50 addicts. In New York City there were fix times as

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According to the article, "Sleeping Fills Aren't. Candy," in 1929, 2,200 000 doses of the barbs turates were sold daily and their use was rapidly increasing. A town of 10 000 inhabitants was found to have 50 addicts. In Now York City there were five times as many accidental deaths from their use in 1942 as there were in 1937. In San Francisco accidents from them increased 150 por cent from 1940 to 1944. In the Cook County Hospital doaths from their use increased 1400 por cent in the eight years prior to 1940. One third of all prescriptions in certain parts of the county ealif or barbiturates.

The habitual use of drugs by the addict is the same attenty. In good faith, and for legitimate reasons the physician prescribes a sodative. The effect is as expected—the patient is satisfied, and in due course to tells has aunts and uncless and all his friends about it. The original indication for the early prescription may long since have become past history, but Mr Addict to-be one night finds himself unable to steep or another night just thinks he will be unable to

sleep, and he is on his way to habitual use of the "gool" pills.

According to Mrs. Kleeman's article the Pederal law demands proper labeling and insists on sale by prescription only but this applies only to drugs in intenstate commerce. Only 33 states have any restrictive laws at all. Of these eight or nine only laws laws any stronger than the Federal law. In Pennsylvania we are fortunate to have the Dangerous Drug Act which forbids the sale of drugs accept on a physician's prescription, forbids refill without prescription, and requires a record of purchaser and amount. In addition, Pennsylvania's law requires that the dispenser record in his office the name and address of the one to whom he dispenses a drug on the Dangerous Drug list, and the quantity of the drug handed out.

In this rigid requirement Pennsylvania is almost unique among the states. Said Surgeon General Parran "The excessive and indiscriminate use of a group of drugs known as the barbiturates is a health problem of considerable and growing importance.

The sale of such drugs without medical super vivion should be restricted by legislation which will combine both the interstate and intrastate aspects of this problem." Pennsylvania for once is in the vanguard, a leader in public health and forward-looking social legislation. This law was promulgated by our State Medical Society and by the same token we should never let it be weakened.—L. T. B. in Pennsylvania M. J., May 1045

1<sup>24</sup>-

<sup>\*</sup> This list is the thirty-eight supplement to the Honor Roll published in the December 15 1942 Issue Other supplements appeared in the January 15 January 15 February 18 March 15 April 15 January 15 January 15 February 17 February 15 March 18 May 1 May 18, June 1 July 1 July 15 August 1 September 1 October 15 November 15 March 1 May 1 May 18, June 1 July 1 July 15 August 1 September 1 October 1 November 1 December 1 1944 January 1 February 1 March 1 April 1 May 1 June 1 July 1 and August 1 1945; issues — Kélier

# Academy of Medicine Will Hold Annual Graduate Fortnight October 8-19

HE eighteenth graduate fortnight of the New THE eighteenth graduate localists of the York Academy of Medicine will be held from October 8 to October 19 The subject of the program is "Contributions of the War Effort to Medi-Arranged by the Committee on Medical Education, the program will be divided into four parts morning panel discussions, afternoon hospital clinics, evening addresses, and scientific exhibits and demonstrations

The evening sessions will begin on Monday, October 8 at 8 30 PM at the New York Academy of Medicine Dr Cornelius P Rhoads, acting president of the Academy, will give the address of

welcome

The scientific program of the evening will consist of the Ludwig Kast Lecture, entitled "Modern Concepts of War Neurosis" and given by William C Menninger, Col, (MC), AUS, and a lecture entitled "What Can the Practitioner Do in Treating the Neuroses?" given by Dr Thomas A C Rennie, associate professor of psychiatry, Cornell University Medical College

Medical College
On October 9, Roy R. Grinker, Lt Col, (MC),
AUS, medical executive of the Don Ce-Sar Convalescent Hospital, St Petersburg, Florida, and
Howard A Rusk, Col, (MC), AUS, chief, Convalescent Services Division, Office of the Air
Surgeon, will speak Their subjects will be "Sedation as a Technic in Psychotherapy" and "Planned Convalescence," respectively
Two lectures will be given on the evening of October 10 The lectures are "Physiologic and Psychologic Effects of Bed Rest," to be given by Dr David P Barr, professor of medicine, Cornell University Medical College, and "Evaluation of

David P Barr, professor of medicine, Cornell University Medical College, and "Evaluation of Early Postoperative Activity," by Dr John H Powers, acting surgeon-in-chief, the Mary Imogene Bassett Hospital, Cooperstown. The discussion will be led by Dr Allen O Whipple, Valentine Mott Professor of surgery, College of Physicians and Surgeons, Columbia University

On October 11 "The Use of Human Serum

Albumin in the Treatment of Edema of Renal and Hepatic Origin" will be discussed by Dr George W Thorn, Hersey Professor of the theory and practice of physic, Harvard Medical School On the same evening Dr Joseph Stokes, Jr, William H Bennett Professor of pediatrics, School of Medicine, University of Pennsylvania, will speak on "The Plasma Globulins in Prophylaxis and Treatment."

The lectures on October 12 will be "Mechanism of Shock," presented by Dr Dickinson W Richards, Jr, professor of medicine, College of Physicians and Surgeons, Columbia University, and "Management of Blood Preservation and Blood Substitutes." by Dr S Howard Armstrong, associate in medicine and research associate in physical chemistry, Harvard Medical School

The Carpenter Lecture, in memory of Dr Wesley M Carpenter, will be given on Monday, October 15, by D C Elkin, Col, (MC), AUS, chief of surgical service, Ashford General Hospital, White Sulphur Springs, West Virginia His subject will be "Treatment of Peripheral Arterial Injuries" The second lecture of the evening will be "Thrombosis and Embolism," given by Dr Arthur W Allen, lecturer in surgery, Harvard Medical School and chief of the East Surgical Service, Massachusetts General Hospital

Three lectures will be presented on October 16 They are "Reconstructive Surgery of Nerves," by T I Hoen, Lt Comdr, (MC), USN, St. Albans

Hospital, "Reconstructive Surgery of the Joints," by Dr Philip D Wilson, surgeon-in-chief, Hospital for Special Surgery, and "New Absorbable Hemostatic Agents," by Dr Virginia Kneeland Frantz, assistant professor of surgery, College of Physicians

and Surgeons, Columbia University

The program for the remaining three evening ssions is as follows October 17, "The Use of sessions is as follows Penicillin and Streptomycin in Surgical Infections. by Dr Jonathan E Rhoads, assistant professor of surgical research and associate in surgery, School of Medicine, University of Pennsylvania, "Chemotherapy in Malaria," by Dr James A. Shannon, associate professor of medicine, New York University College of Medicine, October 18, "Nutritional Needs in Acute and Chronic Illness," by Dr. John P Peters, John Slade Ely Professor of internal medicine. Yale University School of Medicine, medicine, Yale University School of Medicine, "Re-Evaluation of the Vitamins," by Dr L Emmett Holt, Jr, professor of pediatrics, New York University College of Medicinc, on October 19, "The Stimulus of War to Cardiology," by Dr Robert L Levy, professor of clinical medicine, College of Physicians and Surgeons, Columbia University, and "Flamass," by Dr H W Brown, professor of parasitology, College of Physicians and Surgeons, Columbia University

Surgeons, Columbia University

The morning panel discussions will be held at the Academy from 11 00 AM to 12 30 PM on October 9, 12, 16, and 19 Fellows of the Academy are invited to attend and participate in the discussions. The discussions will be as follows on October 9, "Psychiatric Rehabiliation," with Dr Thomas A. C. Rennie as chairman and Dr Sol Wiener Ginstein and Dr Sol Wiener Gi burg, Lt Col Roy R. Grinker, of St Petersburg, Florida, Dr Lawrence S Kubie, Col William Menninger, and Dr. Howard A. Rusk as members, on October 12, "Physical Reconstruction," with Dr. William Benham Snow as chairman and Drs. Carl Binger, John R. Cobb, Edward Hockhauser, Raymond Hussey, of Detroit, and J. Masur, of Washington, on October 16, "Vascular Surgery," with Col. D. C. Elkin as chairman and Drs. William Andrijs. Arthur. Bleksmare, and Alfred Bleksk, of Andrus, Arthur Blakemore, and Alfred Blalock, of Baltamore, on October 19, "Ununited Fractures," with Dr Philip D Wilson as chairman and Drs David Bosworth, William Darrach, Lt Col George Carpenter, and Lt Col T C Thompson as members

The afternoon hospital clinics will be held from 200 to 500 PM during the Fortnight clinies will be devoted to the course and treatment of diseases and injuries encountered during the war period Following is the schedule of the clinics October 9, Bellevue and Beth Israel, October 10, Montefiore and St Vincent's, October 11, Mornisania and Mount Sinai, October 12, Post-Graduate, October 15, Hospital for Joint Diseases and Lenox Hill October 16, Flower Fifth Avenue. Lenox Hill, October 16, Flower-Fifth Avenue Hospital and St Luke's, October 17, Neurological Institute and Presbyterian Hospital, October 18, New York Hospital and Hospital for Special Surgery, and October 19, Roosevelt Hospital and US Veterans' Facility

The scientific exhibits will demonstrate recent ad-

vances in the etiology, pathology, diagnosis, prophylaxis, and treatment of diseases and injuries during the war period. Outstanding contributions by the armed forces will constitute an important feature of the exhibit

Two periods each evening will be devoted to showing motion pictures illustrating the course and treatment of diseases and injuries of the war period and in particular, methods and means of care and rehabilitation of personnel who have incurred war disabilities.

The New York Academy Committee on Drug Exhibits and the Advisory Committee of Drug Manufacturers will provide an exhibit featuring the drugs currently used in the treatment of disease. A special exhibition of books illustrating the general subject of the Fortnight's program, and a general practitioner's bookshelt will be arranged by the staff of the Library of the Academy of Medicine

#### "DOCTOR JONES' SAYS---

carried her in and out.

"Psychosomatic diseases"—have you happened to run into that expression? Bodily diseases caused or influenced by the mind that's about what it means.

A better understanding of the effect of the mind-especially the emotions—on physical health that's going to be one of the hig advances in the field of medicine in the next few years. When I was a boy we had a set of books—"In Darkest Africa" the explorations of Stanley and so on. Well in the exploration of the mind (the hidden part of it "the anconscious," as they say) we re more or less in the same stage. We re just beginning to know something about it due largely to the psychoanalysts—the explorations they've made.

At interesting a server wither notice of same

An interesting case—or rather pair of cases there a man and his wife I've known since I was a kid. This woman—a few years after they were married—she developed some sort of paralysis got so she couldn't walk, except just dragging her feet, hanging on to something. For years her husband pushed her around in a wheel chair—

Then, after years of that, the husband began getting sick thought there was something wrong with his intestine. The doctors couldn't find anything hut he knew it was there had pain and discomfort and worried so he could hardly eat or sleep It got so, instead of him carrying his wife around, she was walting on him.

The way it looked to me he'd gotten thred of being nurse to an invalid and, down beneath his consecuences had gone on a "at-down" strike decided to get sick himself. But the most remarkable pert of it from the time he began getting sick his wife began getting well—get so she could walk as well as she ever could. One of the last times I saw her she was somewhere attending a convention.

A sisable proportion of our human ailments—deep-scated concitons if they dont actually came 'em, they affect 'em one way or another. And the foundations for these troubles are being established from the day we re born—if not before. So the first thing required for the control of psychosomatic discusses is to raise a generation of understanding parents—Paul B. Brools, M.D., in Health News

#### Workers seen in nied of psychiatric hflp

Neuropsychiatrio problems in the postwar ora will be greater among civilian war workers than among veterans Dr C Charles Burlingamo psychiatrist in chiof of the Institute of Living, liariford, Connecticut, declared at a meeting of the New York City Nursing Council for War Bervier. Dr Burlingame pointed out that civilian employees have not been screened as were members of the armed forces, and that many of them were rejected by the armed forces before taking war jobs.

As a result of labor shortages, industry has employed anyone who showed up at employment windows, he said in a talk calling for the use of 'hard headed common senso in stopping the psychiatric litters that are sweeping the coun Among war workers he continued, we re many who capable of adjusting to conditions in their home towns, were uprooted and subjected to unusual housing situations in crowded war centers.

The returning veteran, man or woman, is the best bet for industry today and will probably be the stablest group in the employment market, 'he said. In illustration, he cited from a study made for the

National Association of Manufacturers of a plant whose employees included fourteen thousand returned veterana. This group showed, he said no greater turnover than other employees in the plant one-third rated over the average in productivity and nearly one-third were employed at higher skills than when they entered service—N Y Times June 7 1.

# Medical News

# A.MA. Predicts Need For 30,000 Physicians

EVEN after demobilization has been completed, the United States will need about thirty thousand more physicians than before the war, the American Medical Association said on August 29 in

an editorial in its Journal

Pointing out that the accelerated war program resulted in a gain of only five thousand one hundred and twenty-seven doctors, the editorial said that the thirty thousand estimate was conservative since it disregarded extra physicians needed to provide replacements for casualties among medical officers, medical assistance for the liberated, and more extensive care demanded in this country

The AMA estimate of thirty thousand additional physicians covers about fifteen thousand re-

quired by the Veterans Administration, five thousand for the peacetime Army and Navy, and ten thousand to be assigned to service because of the possibility of compulsory universal military training

The A.M A. held out little hope that the full requirement would be met, saying that if enrollments and graduations continued at present levels only about forty thousand physicians would receive degrees before 1948 Before 1948, however, some twenty-four thousand physicians will have died

Another point stressed in the editorial is that with the conclusion of the war and the imminence of military training the number of admissions probably

will drop

# Typhus Commission Awards Given to New York Officers

THE United States of America Typhus Commission Medal was awarded in June to the following Medical Department officers from New York,

among others

Maj Wilham A Davis, (MC), of New York City, was awarded the medal because "both as a civilian and an officer he performed exceptionally meritorious service in connection with the work of the United States of America Typhus Commission—In the winter of 1943–44, while a staff member of the Rockefeller Foundation Health Commission, he gave valuable assistance in suppressing the typhus epidemic in Naples, Italy—After being commissioned he served as laison officer representing the Typhus Commission with the 21st Army Group (British) from November, 1944, to May, 1945—In this position he assisted in formulating policy and organizing programs, and participated in typhus control operations under campaign conditions in Belgium, Holland, the Rhincland, and at prison camps in Germany—His intelligent, energetic, and professionally competent services were of great value to the Allied Expeditionary Forces in the enforce-

ment of typhus control measures which reduced the incidence of this disease among refugees and displaced persons"

Maj Robert S Ecke, (MC), of Brooklyn, was awarded the medal for performing "exceptionally mentorious service in connection with the work of the United States of America Typhus Commission in several foreign countries After successfully evaluating vaccination against typhus in Egypt in 1943, he helped control this disease among refugees in southern Italy during the 1943-44 epidemic in Naples Later in 1944 lie carried out a valuable typhus survey and control program in the Aden Protectorate In June 1944 he made a survey of relapsing fever in the Anglo-Egyptian Sudan and in September, 1944, a typhus survey in Ethiopia, each of which formed the basis for important de-During the spring of 1945 he pioneered cisions typhus control in Yugoslavia By his investigations he contributed new knowledge of typhus fever Through constant and devoted service in situations requiring initiative and judgment he materially assisted in reducing the incidence of this disease"

# Blood Plasma Distribution Projected by State Officials

THE proposed program for more general distribution of blood plasma and blood derivatives in New York State has been brought nearer to realization with the charting of tentative plans for a service designed to make these preparations readily available to any individual who may need them, without the restrictions imposed by prohibitive cost or geographic location

Provisional plans for the organization of a state-wide service have been drawn up by the State Department of Health, through its Office of Medical Administration and Division of Laboratories and Research, in collaboration with the New York State Association of Public Health Laboratories, the State Hospital Association, and the Medical Society of

the State of New York

The objective is twofold first, immediately provision of services for outlying areas and, second, future developments which must await availability of personnel

The former calls for the reprocessing and drying of several thousand units of frozen plasma which have been in the custody of a number of hospitals

in the state and which have been released to the Department of Health by the United States Public Health Service. This material, together with a small supply of dried plasma already in the possession of the department, will be distributed through approved public-health laboratories for the purpose of establishing a supply for the smaller urban and rural communities.

This plasma will be reserved as far as possible for emergency use under conditions which will be defined by the department While no charge will be made for the plasma, it is expected that individuals benefiting from its use will be made responsible for obtaining donors who will give blood for its replace-

ment

Since experience has demonstrated that whole blood is preferable to plasma for the majority of needs, and in view of the impracticability of operating a whole blood bank except in urban areas, it is hoped that study programs may be developed during the next year in several demonstration areas in which efforts will be made to assist blood banks

[Continued on page 2108]

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[Continued from page 2104]

in expanding services to immediate and adjacent

communities

The department considers its responsibility to lie in the sphere of promoting and assisting in the development and operation of such local facilities, provided they are logically located in the state, properly integrated with one another, and maintain satisfactory standards It does not anticipate the direct operation of blood banks wherever local facilities and interest are sufficient to support an

adequate service

In order to continue to supply dried plasma, fibrin, and other useful derivatives, and to maintain a small central reserve for civilian emergencies, it is planned to establish a pilot plant in the Division of Laboratories and Research. Such a unit would not only carry on research in the standardization of procedures, improvement of derivatives, and in related fields, but also act in an advisory capacity to blood banks and to processing units locally

It would also assist banks through the provision of materials and equipment, such as bleeding and transfusion sets, and some of the rarer derivatives which might otherwise not be available to them

Other features of the projected service are the establishment of a center of information as to where blood of unusual types may be obtained on short notice, and encouragement of the use of standardized equipment in all cooperating laboratories, making possible an interchange of facilities in emergencies

Of particular importance is the anticipated promotion of a continued graduate medical program, in ecoperation with the state and county medical societies, which will provide information concerning the value and use of whole blood and its derivatives With developments along the lines suggested and with the continued support of the physicians and the state and local medical organizations, it is believed that the State Department of Health will be able to aid in the provision of a service of value to the public and to the medical profession

proposed program is being developed as a result of the passage of enabling legislation and an appropriation of \$100,000 by the Legislature this

# County News

## Broome County

Dr Goode R Cheatham recently gave up his commission as lieutenant commander in the navy to take up private practice

A specialist in obstetrics and gyneocology, Dr Cheatham opened his offices in Endicott on August

## **Dutchess County**

The September meeting of the Society was held at the Wassaic State School, Wassaic, on Wednesday, September 12 Dinner was at 7 30 PM, and was followed by the business and scientific sessions

## Jefferson County

Dr Harold G Wolff, associate professor of medicine at Cornell University Medical College, gave a lecture on "Headache" at the Fall meeting of the county society on September 13 The meeting was held following a dinner at 6 30 P M at the Black River Valley Club

### Monroe County

The Medical Society of the County of Monroe announced recently that two doctors have returned to private practive after duty with the armed

They are Dr Morris E Missal and Dr Leonard K Stalker \*

## New York County

Dr Louis Hausman was appointed clinical professor of neuropsychiatry at the New York University College of Medicine, effective September 1, and Dr Charles W Depping, assistant clinical Dr Renato professor of otorhinolaryngology Gazmun, instructor of internal medicine, University of Chile, Santiago, has joined the department of physiology as a Rockefeller fellow Ivan C Hall, Ph D, has resigned as professor of bacteriology and director of the department of bacteriology of the college

Dr George J Heuer, professor of surgery, Cornell University Medical College, has been appointed the first Lewis Atterbury Stimson professor of surgery, a position created under the will of Dr Stimson's daughter, Miss Candace Stimson The Stimson's daughter, Miss Candace Stimson gift represents an endowment of more than \$600,000 and will serve as a memorial to the first professor of surgery at Cornell, who held the position from 1898 to 1917, when he died Coincidental with the announcement of the new professorship was one reporting the presentation of a portrait of Dr Stimson to the college by Hon Henry L Stimson, Secretary of War, son of the late physician Special ceremonies were held at the medical college to mark the presentation of the portrait and the endowment Speakers included Dr Lewis Atterbury Conner, a cousin of the late Dr Stimson, Dr Heuer, and Dr Philip M Stimson The late physician was graduated from Bellevue Hospital Medical College in A personal friend of Pasteur, Dr Stimson taught for many years as professor of physiology, anatomy, and surgery at the University and Bellevue Hospital Medical College and in 1898 collaborated with the late Oliver H. Payne in founding the Cornell University Medical College

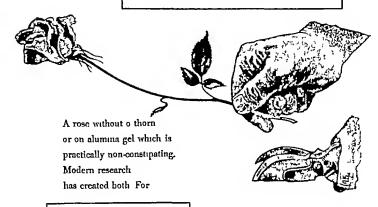
To meet the needs of returning medical officers who will want special training before going into practice, the Columbia University School of Medieine will offer three different types of training this fall, Dr Willard C Rappleye, dean of the Faculty of Medicine, disclosed on August 22

Short refresher courses in every branch of medieine, full-time clinical training at the residency level, and a general review program of the basic sciences and major clinical fields are to be introduced Dr Rappleye reported that most American hospitals are planning to increase the number of residencies to offer additional training to graduates of their house staffs

[Continued on page 2108]

<sup>\*</sup> Asterisk indicates that item is from a local newspaper

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#### [Continued from page 2106]

Certain of the Columbia refresher courses are for general practitioners, while others are for men already qualified in one of the specialties. Several hundred refresher courses, from one to eight weeks in length, are now in operation. Instruction for qualified specialists is offered in various fields of surgery.

Appointments to hospital resident services will be made, as in the past, by the individual hospitals, usually for periods of one year or longer. This program is designed particularly for medical officers who were graduated under the accelerated program of medical education and who had an abbreviated hospital training before entering military service.

A general review program of the basic sciences and major clinical fields covering a full academic year of instruction at the medical school and teaching hospitals is planned. This will be a year of review of the undergraduate training designed to help those who wish to go into general practice without taking the time for long-term residency preparation.

The sixty-five doctors and one hundred and twenty nurses who went overseas as the 2nd General Hospital from the Presbyterian Hospital, in New York City, in July 1942, have received high praise for their work from Mai Gen Paul R Hawley, chief surgeon of the European Theater of Operations

Charles P Cooper, president of Presbyteman Hospital, made public a letter from General Hawley in which he said, "I find myself at a loss for words to describe the superb quality of medical personnel that came with this unit. I have had to draw heavily upon this personnel to leaven weaker units in the theater. Despite frequent drafts—the professional talent seems inexhaustable."

General Hawley paid special tribute to Col Yale Kneeland, former assistant attending physician in medicine at the Presbyterian Hospital, who went overseas as head of the 2nd General Hospital's medical service, and later became consultant in medicine for the United Kingdom Base Hospital

He also mentioned for special commendation Col Louis M Rousselot, an assistant attending surgeon at Presbyterian before the war, who was overseas, placed in command of the 108th General Hospital, and Col Frank E Stinehfield, former assistant attending surgeon, who was in charge of rehabilitation of wounded in England

Others specially commended were Lt Col John N Robinson, Col Rudolph N Schullinger, Maj Edmund P Fowler, and Maj Jessie M Mutch, former assistant to the registrar in the Presbyterian Hospital's School of Nursing, who overseas became director of the Nursing Service in the 807th Hospital Center

At the hospital it was said that all of those mentioned for commendation except Colonel Rousselot and Major Mutch have returned to the United States, although none has been released from the Army Colonel Schullinger, former assistant attending surgeon at Presbyterian, who went overseas in

charge of the surgical services of the 2nd General Hospital, is at present chief surgeon at Halloran General Hospital, Staten Island

Three of the staff of the 2nd General Hospital have received Legion of Merit awards Colonel Stinchfield, Colonel Schullinger, and Maj Robert Patterson, former resident in fracture service at the Presbyterian

The 2nd General Hospital was among the first to be sent to France after the Allied invasion, operating first on the Cherbourg peninsula, then in Normandy, and finally in Naney Recently the unit was relieved and, according to hospital authorities, members not already back are expected home shortly \*

Lt Col I H Scheffer, (MC), USA, has been appointed chief of the Public Health Section of the Military District of Berlin He is a graduate of McGill University, taking his BS degree in 1922 and being graduated from the medical school in 1925 Prior to the war, he was superintendent of the Mctropolitan Hospital in New York City He has served on the New York State Mcdical Board in many and varied positions Colonel Scheffer was actively engaged in the campaigns of Normandy and Northern France and occupied a similar position to that he now occupies in the Paris district after the overthrow of the Vichy regime

## Oneida County

Maj George J Kraunz, who was medically discharged from the Army recently, renewed his medical practice on August 1 in Rome \*

## Orange County

Dr Eugene Bar, formerly of New York City, has been released from Army service and opened an office in Port Jervis on August 7 for the practice of his profession

Dr Bar was born in Hungary, and was graduated from the medical institutions of that country in 1914 before starting his work in the Balkans and other countries and finally came to this country twenty-two years ago \*

## Queens County

Health Commissioner Ernest L Stebbins has announced the reopening of the Antirabic Clime in the Borough of Queens at new quarters, 92-97 150th Street, Jamaica The clinic, which has been closed for more than two years, has been opened again as a result of the discovery of three rabid dogs in Queens since June 28

In Queens since June 28
According to Dr Stebbins, the Antirabic Clinic operates Monday through Friday from 2 00 to 4 00 pm, and Saturday, Sundays, and holidays from 10 00 a m to 12 00 noon. The physician-in-charge is Dr Joseph Steisel

## Schenectaday County

Dr Louis R Biagi, of Schienectady, announced that he has opened an office there for the practice of opthalmology \*

" inhalation
of the vapor
of amphetamine
(Benzedrine)

frequently

brings

In sinusitis-

dramatic relief
through the
constricting
effect on the
mucosa,
permitting rapid
equalization
of pressure



the sinus "

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within and outside

Benzedrine inhaler, NNR., produces a shrinkage of the nasal mucosa equal to, or greater than that produced by ephedrine—and approximately 17% more lasting it is consequently strikingly effective in relieving headache pressure pain stuffiness and other unpleasant sinusitis symptoms Each Benzedrine inhaler is packed with racemic amphetamine SKF., 200 mg; menthol, 10 mg; and aromatics.

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# Necrology

Howard S Brasted, M D, of Hornell, died on August 28 at the age of 57 Dr Brasted received his medical degree in 1914 from the College of Physicians and Surgeons, Columbia University He was physician at the St James Mercy Hospital and Bethesda Hospital in Hornell. A fellow of the American College of Physicians, he was vice-president of the Seventh District Branch of the Medical Society of the State of New York, as well as a member of the Steuben County Medical Society, and the

American Medical Association

Thomas Darlington, M.D., of New York City, and Health Commissioner Emeritus of the city, died on August 24 at his summer home where he had lived in retirement for the last two years A graduate of the College of Physi-86 years old cians and Surgeons, Columbia University, class of 1880, Dr Darlington was a member of the American Clinical and Climatological Society, the Medical Society of the State of New York, and the American Medical Association, and was a fellow of the Academy of Medicine He served as Health Commissioner from 1904 to 1910 and in 1930 was made Health Commissioner Emeritus He was known as the father of the New York City Sanitary Code. which resulted in a reduced death rate for the city He established at Otisville, New York, the first municipal sanatorium for the tubercular also consulting physician at the New York Foundling Hospital

William Elliott Foster, MD, of Babylon, died on August 30 at the age of 78 Dr Foster came to Babylon after completion of his studies at Wesleyan University and the New York Homeovathic Hospital He was graduated from the New York Homeopathic Medical College in 1891 A member of the medical societies of New York State and Suffolk County and of the American Medical Association, he was associate physician at the Southside Hospital,

Bay Shore

Andrew S Fritts, M D, of Binghainton, died on August 8 after an illness of four years. He was 72 years old. Dr Fritts was a past president of the Broome County Medical Society, and a fellow of the Academy of Medicine. He received his medical degree in 1897 from the College of Physicians and Surgeons, Columbia University, and practiced in

Binghamton for forty-five years

James W Graves, MD, of Herkimer, died on August 23 at the age of 61 He was graduated from Vermont Medical College in 1908, and was formerly on the staff of the Herkimer Memorial Hospital and Faxton Hospital, in Utica, and a consultant on the staff of Marcy State Hospital He was a member of the medical societies of New York State and Herkimer County and the American Medical Association Dr Graves was coroner of Herkimer County for the past twenty-eight years

Clifford E Howard, M D, of Ogdensburg, died on August 10 at the ago of 40 A native of Brockville, Ontario, he was graduated from Queens University at Ontario in 1928, and after coming to the

States was for a time on the neurological consulting staff of the Vanderbilt Clinic at the New York Medical Center He was formerly on the staff of the Binghamton State Hospital, and later became as isstant clinical director at the St Lawrence State Hospital in Ogdensburg He was a member of the American Psychiatric Society, the medical societies of St Lawrence County and New York State, the American Medical Association, and a fellow of the

Academy of Medicine, in Binghamton
Alexander William Jacobs, M D, of New York
City, died on August 8 at the age of 52 A specialist
in the treatment of cancer and allied diseases, Dr
Jacobs was a diplomate in radiology, and a member
of the American College of Radiology He received
his medical degree from the College of Physicians
and Surgeons, Columbia University, in 1915, and
was a radiotherapist on the staff of the Lebanon Hospital in the Bronx He was also a member of the
New York state and county medical societies, and

of the American Medical Association

Victor F Krakes, Lt. Cmdr, (MC)USN, of Keeseville, was killed in a motor vehicle accident in the Russell Islands on July 27 Dr Krakes had his practice in Keeseville before entering the service He was graduated from the Long Island College of Medicine in 1928 and was formerly on the staff of the Physicians Hospital in Plattsburg He was a member of the American Medical Association and the medical societies of the State of New York and of Clinton County.

Lucius J Mason, M D, of New York City, died on February 10 at the age of 74 Dr Mason received his medical degree in 1900 from the College of Physicians and Surgeons. Columbia University

of Physicians and Surgeons, Columbia University Gustav M Steinbach, MD, of Brooklyn, died on August 30 at his home. He was 42 years old He was graduated from Aberdeen University in 1933, and was elimical assistant otolaryngologist at the Brooklyn Jewish Hospital and on the staff of the Madison Park Hospital. He was a member of the Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association.

Samuel William Spencer Toms, M D, of Nyack, 84 years old, died on August 23 as the result of injuries received in a recent fall. Dr Toms received his medical degree from the University of Buffalo, School of Medicine, in 1891, and served his internship at Buffalo General Hospital He was director of the eye, ear, nose, and throat division of Nyack Hospital A member of the medical societies of New York State and of Rockland County, he was second vice-president of the former in 1907, and a member and former chairman of the publication committee of the New York State Journal of Medicine He was also a fellow of the Academy of Medicine, and a member of the American Academy of Ophthalmology and Otolaryngology

Jerome Edward Young, M.D., of Troy, died on August 10 He received his medical degree from

Albany Medical College in 1896



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# Hospital News

# Veterans' Office Lists Plans for New Hospitals

PLANS for a \$200,000,000 hospital construction program to meet all anticipated veterans' requirements were made public on August 21 by the Veterans Administration

The two-year program is now before the Federal Board of Hospitalization for approval It calls for building forty new hospitals and for additions to

many existing institutions

Officials said that if the plans are indorsed by the board and funds appropriated by Congress, the administration will have hospitals with a total bed capacity of three hundred thousand at the end of the 1947 fiscal year

"We believe that will be enough for all our needs

at this time," one official said

The bed capacity of present veterans' hospitals, which are under construction or authorized, is one hundred twenty-three thousand nine hundred and The new program would add approvimately twenty-mne thousand beds

Sites tentatively selected for the hospital projects, with the bed capacity of each, include

New hospitals to be constructed during the 1946

fiscal year

General medical and surgical—New York or Massachusetts, seven hundred and fifty, in or near Buffalo, one thousand

Additions to hospitals to be built during the 1946

Convalescent—Bath (women), one hundred New hospitals to be constructed during the 1947 fiscal year

General-Saratoga Springs, three hundred and fifty Neuropsychiatric—in or near Utica, eight

hundred

Additions to hospitals to be built during the 1946 fiscal year

General—Metropolitan area New York City,

eight hundred

Neuropsychiatric—Peekskill, four hundred

# Veterans' Hospitals to Get Civilian Aides

EN Omar N Bradley, director of the Veterans Administration, announced on September 7, after a surprise visit to the Neuropsychiatric Hospital at Northport, that he would put civilian doctors and medical personnel into veterans' hospitals as soon as possible to staff them adequately

This program, he explained, would fit in with the

Army's policy of discharging doctors

While he is not aware yet whether such conditions are typical, General Bradley said the hospital at Northport had only 40 per cent of the nurses necessary, and only 60 per cent of the doctors

The Northport Hospital, which was the subject of a recent Congressional indury over the neglect of veteran patients, was admitted by General Bradley to be inadequate for the number of patients it has

The hospital, he said, was build for only 900 patients, but has 2,700, and should have one thousand two hundred and fifty attendants, but has only four hundred and seventy

The deficiency of attendants has been made up recently by the assignment of four hundred soldiers for temporary duty, who replaced other personnel charged with deficiencies

General Bradley said he had decided on a surpriso visit because he did not want things prepared for him but wanted to "know what one of these places was like '

It was his first visit to a hospital of this type and

he said he planned to visit others

Col Louis Verdel, superintendent of the hospital, told General Bradley that only twenty-three doctors were assigned to Northport

Some of them were taking care of as many as 350

patients

General Bradley indicated his belief that, while conditions at the hospital were still acute, improvements had been made since the original abuses were charged in testimony before the Congressional com-

# Drive Opens for 130,000 to Work in Hospitals

THREE government agencies opened a campaign on September 6 to recruit one hundred thirty thousand professional and nonprofessional workers for the nation's hospitals

The recruiting campaign is sponsored by the Public Health Service, the War Manpower Commission, and the Veterans Administration, in cooperation with the Red Cross

National Nursing Council for War Service and  $_{
m the}$ American Hospital Association sponsors

"Urgently needed at once" are thirty thousand

graduate nurses for general, tubercular, and psychiatric hospitals, eight thousand graduate nurses for public health nursing, two thousand graduate nurses for Veterans Administration hospitals, and ninety thousand non nursing hospital workers

The campaign, the Office of War Information said, will follow the pattern of various other drives

conducted during the war

It will include sponsored advertising through the Advertising Council for War, use of radio facilities, and local recruitment campaigns by the Nursing Council for War Services

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\*Laryngoscope Feb 1935, Vol XLV No 2, 149-154, Laryngoscope, Jan. 1937, Vol \LVII No 1 58-50, Proc Soc Exp Blol and Med., 1934, 32, 241; V Y State Journ. Med., Vol. 55, 61 55, No 11, 590-592



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[Continued from page 2112]

# Improvements

A portable x-ray machine was installed on August 6 in St Charles Hospital for Crippled Children, in Port Jefferson, bought with funds raised by public subscription by the Kiwams Club of Patchogue

The x-ray was formally presented to the hospital at ceremonies in the hospital auditorium by Richard Gilmartin, Suffolk County Commissioner of Public Welfare, a member of the club

It was accepted by Mother Lucia, supervisor of the hospital, who has been associated with the institution for crippled children for the past twenty-

The Kiwanis Club undertook to raise funds for the medical equipment as an expression of public appreciation for the work of the hospital for polio sufferers during the infantile paralysis epidemic last year. The drive, which ended in January, netted \$2,100. However, wartime priorities of military and naval authorities for medical equipment delayed the actual delivery of the x-ray machine, which did not arrive at the hospital until two weeks ago.\*

# At the Helm

William J Orr, a Yonkers native and for the past fourteen years assistant to the superintendent of St John's Riverside Hospital, has become superintendent of Yonkers Professional Hospital \*

St Luke's Hospital, in Newburgh, has secured the services of Gen Royal Reynolds as superintendent, to succeed Charles A Allen, who is taking a position in Springfield, Ohio \*

Lt William J Garvin, of Yonkers, is acting head of the neuropsychiatric service at Camp Butner, North Carolina The service recently was temporarily transferred to the camp from Moore General Hospital, Swannanoa, North Carolina, and redesignated as a section under the chief of medical service, it was announced on August 15 at hospital headquarters \*

Appointment of Dr Arthur F Glaeser, of Buffalo, as physician in the division of communicable diseases, health department, has been reported to the Common Council by Health Commissioner Francis E Fronczak.

Dr Glaeser will succeed Dr Frank R Whelply, who retired recently after serving twenty-one years. Dr Fronczak also reported several appointments to the staff at the J N Adam Memorial Hospital at Perrysburg \*

# Newsy Notes

Starting October 17, the Israel Zion Hospital, Brooklyn, will hold its seventh annual postgraduate course in pathology of internal medicine under the auspices of the Joint Committee on Postgraduate Education of the Medical Society of the County of Kings, the Academy of Medicine of Brooklyn, and the Long Island College of Medicine Dr J M Ravid will conduct this course Further information may be obtained from the Registrar, 1313 Bedford Avenue, Brooklyn

Construction will be started very soon on the permanent one-thousand-bed naval hospital to be creeted at St Albans, Queens, the public relations office of the Third Naval District announced on August 28 The institution will be one of a number to be constructed under a tentative postwar plan announced recently in Washington by Vice Admiral Ross T McIntire, surgeon general of the Navy

The present hospital at St Albans has five thousand patients housed in "rather temporary structures" Construction of the new buildings is expected to be completed within eighteen months

The new hospital will replace the Brooklyn Naval Hospital as the main institution of its kind in the Third Naval District—Part of the Brooklyn hospital will be retained by the Navy Medical Department and the remainder turned over to the New

York Navy Yard in Brooklyn for training enlisted

A spokesman for Rear Admiral F A Daubin, USN, commandant of the Navy yard, emphasized that no plans for training men or utilizing any part of the hospital would become effective until the Bureau of Medicine in Washington transfers certain facilities of the Brooklyn hospital to St Albans A limited number of beds will be maintained at the Brooklyn institution to handle emergency cases among civilian and naval personnel at the yard The hospital is "adjacent to and surrounded by" the yard, although not under their control

The Albany Training School for Practical Nurses announced on August 22 that it would be converted into a postoperative hospital on September 1 because of a sbortage of registered nurses for instructors in its school operation

Dr Alvah H Traver, registrar, said he expected the condition would continue at least for a year because of the large number of registered nurses now

serving with the Armed Forces

The school's graduates will be used, he said, in
the new hospital, which will take patients who have
undergone operations in other hospitals and give
them postoperative care for a week or two \*

<sup>\*</sup> Asterisk indicates that item is from a local newspaper



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[Continued from page 2114]

If the health of a community is good, it is a sound community, Dr Donald A Morrill, director of Mount Vernon Hospital, told fellow members of

Mount Vernon Rotary on August 1

Speaking at a luncheon meeting at the Knolls, on the topic, "Community Service as Exemplified by the Modern Hospital," Dr. Morrill outlined a community hospital's function as a focal point in which all community agencies are correlated in achieving "positive health"\*

Dr Jean A Curran, president of the Long Island Collego of Medicine, made public on August 13 a letter from Maj Gen Paul R Hawley, Chief Surgeon of the European Theater of Operations, commending the service rendered by the 79th General Hospital, the all-Brooklyn unit formed under the auspices of the Long Island College of Medicine from its faculty and the staffs of its affiliated hos-The letter contains the first definite information to be released on the activities of the 79th General Hospital since it was activated in November, 1942, at Camp White, Oregon Organization of the 79th General Hospital began

several months before Pearl Harbor under the direction of Dr Walter V Moore, of the Brooklyn Hospital, who has served as the hospital's executive officer with the rank of colonel since its activation

In his letter to Dr Curran, General Hawley rote "One of my last and most pleasant duties as Chief Surgeon of the European Theater of Operations is to make of record the splendid service of the 79th General Hospital

"This hospital unit first started to operate in this theater on November 6, 1943 It established first at Waringfield, Northern Ireland, where it stayed for over ten months On October 1, 1944, it opened up in the building of the Royal Victoria Hospital, Netley, Hampslure, which had been leut to us by the Royal Navy, and continued in operation there until April 30, 1945
"In May of this year the 79th General Hospital

arrived in France and is now at Sissonne'

The quality of medical personnel that came with this unit was such, General Hawley wrote, that he was able to draw upon it to strengthen other units in the theater "Despite these withdrawals upon the 79th General Hospital," he continued, "there was always an equally good man to replace one that I had to take away, and those who remain with the unit still maintain the same high standard of professional care that characterized it in the early days

"The Long Island College of Medicine can be very proud of the 79th General Hospital It has rendered outstanding service to our country, and it has been both an official and a personal pleasure for me to have had this fine unit under my direction"\*

More than \$100,000 will probably be available for the Johnstown Hospital Corporation according to information received recently This money was willed to the corporation by the late James A. Northrup, well-known glove man and a major in the first World War Mr Northrup died in 1922 and made provisions in his will that the residue of his estate should go into a fund for the erection of a hospital here after the passing of his wife, who died during August in Ogden, Utali

The Kittinger Furniture Co has subscribed \$12,000 to the \$4,000,000 Buffalo General Hospital building fund, it was reported on July 30 by Henry W Wendt, chairman of the committee on corporation subscriptions

Establishing a memorial to Irvine P Kittinger, the subscription will be applied to building, furnishing, and equipping a surgeon's suite on the fourth

floor of the expanded hospital

Langdon Albright, president of the board of trustees of Buffalo General Hospital, announced on August 2 subscriptions totaling \$40,400 by doctors of the hospital staff, who have set \$400,000 as their combined contribution to the \$4,000,000 hospital building fund \*

# COLUMBIA GIVES POSTGRADUATE COURSES IN CLINICAL MEDICINE AT MOUNT SINAI

The faculty of medicine of Columbia University has announced postgraduate courses in elimical medicine, to be given at the Mount Sinai Hospital beginning the week of October 22 Some of the courses to be given at this time will be open only to specialists They are in anesthesia, ophthalmology, otology, surgery of the gastrontestinal tract, and x-ray of the heart and great vessels (intensive course)

The rest to be given beginning October 22 will cover allergy, cardiovascular diseases, chemistry, advanced course in diseases of the chest, diagnosis and therapy, intensive clinical course in electrocardiography, gastroenterology, gastroscopy, genatrics (disease in the aged), hematology (labora-

tory course), diseases of the kidneys and arteries diseases of the liver and biliary passages, general medicine, neurology — olectroencephalography, neuroanatomy, and neuropathology—orthopedics, pathology (general and special), pediatrics, pharmacology, physical therapy, physiology of the digestive tract, and medical proctology and diseases of the colon

A course in recent advances in gynecology will be given November 12-17, and one in endocrinology and metabolism will be given December 17-22

Applications should be submitted before October 8 to the Secretary for Medical Instruction, the Mount Sinai Hospital, Fifth Avenuo at 100th Street, New York 29, Now York.

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# Health News

# Two Years of Health Education Summarized in Report of NYC Health Depart-

The use on an unprecedented scale of city-wide health campaigns, of free literature, radio programs, suhway posters, motion-picture showings, and other educational devices have been of assistance in helping to keep New Yorkers healthy despite the impact of wartime conditions of the past two years This fact was emphasized on July 31 by Health Commissioner Ernest L Stehbins in releasing a two-year progress report of the Bureau of Health Education of the New York City Health Department report covers the period from June, 1943, to June, 1945

Over 100,000 mail and telephone requests were answered by the Bureau of Health Education during this period, the report reveals, and nearly 4,000,000 pieces of free literature and about 60,000 posters were distributed through the Department's twentyone district health centers, as well as clinics, schools, clubs, trade unions, offices, and factories amount of material distributed during the first six months of 1945 was 64 per cent greater than that distributed during the first six months of 1944

With fewer doctors available to meetings, the Bureau shifted its emphasis to the presentation of motion picture programs growing popularity of the Bureau's motion-picture service is evidenced by the fact that from 150 to 750 programs per month were scheduled, the number increasing from 1,156 in the first six months of 1944 to 2,823 during the same months in 1945

In the field of radio, the Bureau maintained its increasing tempo by producing approximately one hundred fifteen-minute programs each year and by turning out numerous spot announcements deal-

ing with timely health topics

Special health campaigns—both city-wide and local—also provided the Department with effective means for reaching the public with vital wartime health messages One of the Health Department's most amhitious campaigns, described in the report, was a chest x-ray drive conducted in April, 1945 "For the first time," the report states, "the New York City Health Department enlisted the widespread cooperation of department stores in publicizing its April antituberculosis campaign. Viewed in retrospect, the success of the project surpassed all expectation Fifteen large department stores prepared elaborate window displays and posters displayed by chain stores, employee programs, numerous newspaper advertisements, posters, and literature helped round out the list of devices used to 'sell' chest x-rays to the people" The Department also conducted numerous other health campaigns—many of which were limited to specific neighborhoods

Through its field workers, the Bureau sought to intensify its activities in the health districts of

the city

In order to supply the people with necessary literature in the field of health conservation and disease prevention, the Bureau printed during this two-year period seventy-five new leaflets and seventeen major posters ranging in subject from home safety to diphtheria immunization, and from restaurant sanitation to health rules for the adolesMuch of this literature was designed to meet

specific needs resulting from the war

The report also indicates that for the first time in the Department's history, health posters were regularly inserted in the windows of the city's subways and elevated trains Another "notable first" was the insertion of a car card dealing with venereal disease in several street cars and bus lines throughout the city

The report was prepared by Savel Zimand, director of the Bureau of Health Education of the

Department

# National Research Council Proposed to Congress

Establishment of a National Research Foundation hy Congress for the purpose of promoting a national policy for scientific research and scientific education is proposed by Dr Vannevar Bush, director of the Office of Scientific Research and Development, in a report that he submitted on July 18 to the White House The report is titled "Science—The Endless Frontier" Prepared at the request last November of the late President Roosevelt, it recommended

That the Foundation be formed to develop scientific research, financially support basic research nonprofit organizations, encourage scientific talent in American youth by offering scholarships and fellowships, and promote long-range research on

military matters

That the Foundation consist of nine members to be selected by the President and be responsible to They shall serve four years and without compensation

That the Foundation have the following five 3 medical research, natural sciences, divisions national defense, scientific personnel and education, and publications and scientific collaboration

In submitting the report, Dr Bush said that an adequate program for Federal financial support of basic research and scientific education, as proposed in his report, would cost about \$33,000,000 at the outset and might rise gradually thereafter urging immediate legislative action to create the National Research Foundation, he said further "Early action on these recommendations is imperative if this nation is to meet the challenge of science in the crucial years ahead On the wisdom with which we bring science to bear in the war against disease, in the creation of new industries, and in the strengthening of our armed forces depends, in a large measure, our future as a nation '

Dr Bush said that science should be of paramount "Without concern to the Federal Government. scientific progress the national health would deteriorate, without scientific progress we could not liope for improvement in our standard of living or for an increased number of johs for our citizens, and without scientific progress we could not have

maintained our liberties against tyranny

"There are areas of science in which the public interest is acute but which are likely to be cultivated inadequately if left without more support than will come from private sources These areas include agriculture, housing, public health, certain medical research. Research involving expensive

[Continued on page 2120]

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[Continued from page 2118]

capital facilities beyond the capacity of private institutions should also be advanced by active Government support Private sources, however, should continue to carry their share of the financial burden"

Dr Bush pointed out that since 1900 a large number of scientific agencies have been established within the Federal Government, until in 1939 they numbered more than forty. He said that while these agencies have showed splendid achievement, they have been limited in function. Dr Bush expressed his regret at the government's lack of a

national policy for science

Scientific research being conducted today in the Departments of Agriculture, Commerce, and Interior, and the Federal Security Agency should remain where it is and should be continued, the report continued Dr Bush said that support of agricultural research by grants to the land-grant colleges and experiment stations should likewise continue, since their contribution lies in applying fundamental knowledge to the departments within which they are established While recognizing the desirability of keeping the number of independent agencies to the minimum, the report concluded that a new agency was essential to carry out the scientific program as urged by Dr Bush

"If the colleges, universities, and research institutes are to meet the rapidly increasing demands of industry and Government for new scientific knowledge, their basic research must be strengthened by the use of public funds," the report explained.

Dr Bush discussed the "serious" deficit in trained

Dr Bush discussed the "serious" deficit in trained scientific personnel in the Umted States He said that the deficit of science and technology students, who, but for the war, would have received bachelor's degrees, is about 150,000 It is estimated that the deficit of those holding advanced degrees in chemistry, engineering, geology, mathematics, physics, psychology, and the biologic sciences will amount to about 17,000 by 1955

The report recommended a program to provide twenty-four thousand undergraduate scholarships and nine hundred graduate fellowships, which would cost the Government about \$30,000,000 annually when in full operation Each year under this program six thousand undergraduate scholarships would be made available to high school graduates, and three hundred fellowships would be extended to college graduates. Those who receive such scholarships and fellowships would constitute a National Science Reserve and would be subject to call into government service in connection with scientific or technical work in time of war or other national emergency

Dr Bush stressed the necessity of having the Government provide suitable incentives to private industry in conducting research, and urgcd modification of certain provisions of both the Internal

Revenue Code and the patent system.

The war against disease in the United States was also discussed in the report. Dr. Bush said that to maintain the progress in medicine that has marked the last twenty-five years, the Government should extend financial support to basic medical research in the medical schools and in universities. Dr. Bush commented "We have taken great strides in the war against disease. The death rate for all diseases in the Army, including the overseas forces, has been reduced from 14 I per thousand in the last war to 0.6 in this war. In the last forty years life expectancy has increased from 49 to 65 years, largely

as a consequence of the reduction in the death rates of infants and children. But we are far from the goal. The annual deaths from one or two diseases far exceed the total number of American lives lost in battle during this war. Approximately 7,000,000 persons in the Umited States are mentally ill and their care costs the public over \$175,000,000 a year Clearly much illness remains for which adequate means of prevention and cure are not yet known."

Concerning the importance of military research in peacetime, Dr Bush had this to say "There must be more—and more adequate—military research in peacetime. It is essential that the civilian scientists continue in peacetime some portion of those contributions to national security which they made so effectively during the war. This can best be done through a civilian-controlled organization with close liaison with the Army and Navy, but with funds direct from Congress, and the clear power to initiate military research which will supplement and strengthen that carried on directly under the control of the Army and Navy."

The vast possibilities of using science in improving the welfare of America's millions and the nation's dominant stature among nations of the world were stressed by Dr Bush in lus report. He said "New manufacturing industries can be started and many older industries greatly strengthened and expanded if we continue to study nature's laws and apply new knowledge to practical purposes Great strides have been made in agriculture, such as control over our insect enemies, better fertilizers,

disease-resisting plants, etc

"Advances in science will also bring higher standards of living, will lead to the prevention or cure of diseases, will promote conservation of our limited national resources, and will assure means of defense against agression. But to achieve these objectives—to secure a high level of employment, to maintain a position of world leadership—the flow of new scientific knowledge must be both continuous and substantial." He urged the release of wardeveloped scientific knowledge as soon as it is expediently possible so that much of it can be used by industry and by colleges and universities and in

training young scientists

Dr Bush prepared his recommendations on the basis of reports made to him by four committees Medical Advisory Committee, Dr W W Palmer, chairman, Bard professor of medicine, Columbia University, New York City, and director of medical service of the Presbyterian Hospital, New York Science and Public Welfare Committee, Dr Isaiah Bowman, chairman, president of Johns Hopkins University, Baltimore, Committee on Discovery and Development of Scientific Talent, Dr Henry Allen Moe, chairman, secretary general of the John Simon Guggenheim Memorial Foundation, New York City, and Committee on Publication of Scientific Information, Dr Irvin Stewart, chairman, executive secretary of the Office of Scientific Research and Development

# Grants for Sugar Research Announced

Additional grants amounting to more than \$50,000 for seven leading universities and laboratories were announced on July 16 by Dr Robert C Hockett, scientific director of the Sugar Research Foundation, bringing the total grants made by the Foundation to more than \$300,000

Recipients of these grants include McGill Uni-

[Continued on page 2122]

#### SUGGESTIONS FOR CONTRIBUTORS TO THE NEW YORK STATE **IOURNAL OF MEDICINE**

The New York State Journal of Medicine asks its contributors to follow the suggestions listed below in the preparation of their articles. In this way they will greatly feculitate the expeditious publleatinn of the Journal. These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, end save the high costs of corrections made on galley proof

Size of Articles.—It is earnestly desired that scientific articles shall not exceed 6 Journal pages at the nutside Longer articles tend to lower reader interest. An average of five or eix seems to be the most desirable from this point of view Cal culating can readily be made by multiplying the number of dnuble-spaced typewritten manuscript pages by the fraction two-fifths, e.g., twelve manu script pages will make five Journal pages.

Manuscripts.-Papers must be typewritten un one side only of white sheets consecutively num-bered, and be double spaced with one-inch margura. They should be prepared with great care so as to be typographically correct. All headings, titles subtitles, and subheadings should be typed flush with the left-hand margin This is imperative for rapid

and accurate composition by the printers

Titles—The title should be brief and typed in capital letters. The subtitle can be longer end abould be typed in caps and lower case letters. Under the title or subtitle if there is one should. appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subbeadings Subbeadings should serted by the author at appropriate intervals.

References.—It is the unfailing practice of the New York State Jouenal or Medicine to use specific "references" rather than "hibliography" There should appear in the text reference num bers, typed above and to the right of the word to which there is a reference A list, consecutively numbered of these references should fallow at the end of the manuscript (Nate that spelling in list is same as in text.) The errangement should be as follows and should include all Items.

Books-author e surnamn fullowed by initials, title of book, edition, location and name of publisher, year of publication, volume, and name of name of number. Thus, Oaler W. Modern page number Thus, Osler W Modern Medicine, 3rd ed. Philadelphia, Lea & Febiger 1927, vol. 5, p 57

Periodicals author's surname followed by

initials, name of periodical, volume, munth (day if necessary), year of publication Thurs Leany, Leon J. New York Stete J. Thus, Leahy, Leon J New Med 40 347 (March 1) 1940

Note The Journal does not include titles of articles.

Case Reports.—Instend of abstracts of hospital histories, authors chould write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables.—While tables are very useful on lantern slides in the reading nf papers, they fail nf this purpose to a large extent in the printed page. For that reason it is urged that they be reduced as much as possible to descriptive language.

Illustrations.-These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding in in inthers they are merely picturesque. The latter can be excluded to good effect, both as to space

and the nnt inconsiderable cost.

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black. India ink on white paper Do not use typeroriter for lettering. The smallest lottering on 8 × 10 incheopy should be no less than 14, inch high. Cross-section paper (white with black lines) may be used. but should not have more than 4 lines per inch. If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions. In the case of finely ruled paper, only hlue-lined paper can be accepted. Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold Photographs should be very distinct and show clear hlack and white contrasts. They must be on glossy white paper Avoid round and aval phatographs

Whenever possible 'crop' photographs, le. mark portion that can be excluded when reproduced Crop marks should be on margin of photographs. Do not run pencul lines through photographs

It is important to mark the top of the Illustration on the back, also its number as referred to in the text, thus, Fig 1, 2 and the name and address of the author

Legends should be typewritten nn nne sheet of paper and attached to the illustrations.

[Continued from page 2120]

versity Medical School, the University of Pittsburgh, Yale University Medical School, the University of Utah, New York University Medical School, Cornell University Medical School, and Brooklyn Polytechnic Institute

The studies will seek new industrial uses of sugar and further explore the nutritional values of sugar Eight of the projects call for allotments totaling \$41,500, and involve research into entirely new fields An additional \$9,500 was recommended to continue experiments on projects already begun

These studies, Dr Hockett announced, implement the original program of scientific research undertaken by the Foundation and arc designed to develop a further understanding, not only of the product itself, but of its effect on the human system

He emphasized, however, that all possible fields of research have not yet been explored Among other projects which the Foundation might support, he suggested studies for increasing the utilization of sugar for such diversified purposes as meat euring, tanning leather, fruit freezing, and in insecticides, ice cream, baking, cattle feeding, metallurgy, electroplating, paper sizing, and producing silage from hay and grass

Dr Hockett announced grants to the following

Dr Hans Selye, associate professor of histology at McGill University Medical School, \$10,000, for a three-year study of the effects of diets in protecting animals from the effects of overactivity of the

endocrine glands

Dr I M Rabinowitch, associate professor of medicine at McGill University and Director of the Department of Metabolism at the Montreal General Hospital, \$10,000, for investigation of the use of sugars in human nutrition in health and in disease Dr Rabinowitch is in charge of the Clinic for Diabetes, which is the largest clinic of its kind As a result of the high carbohydratelow calory diet he reported in 1930, diabetics today are receiving much more liberal quantities of sugar in their diets than in former years How they are able to utilize such large quantities of sugar without the aid of insulin, in the majority of cases, and possible applications of this knowledge to use of sugars in nutrition in general, are parts of the investigation which this grant will make possible

Dr Gebhard Stegeman, professor of physical chemistry at the University of Pittsburgh, \$7,000,

to collate all existing data and carry out new measurements of the physical properties of sugar and

sugar solutions for use by industrial chemists
Drs F W Zerban and Louis Sattler, of the New York Sugar Trade Laboratory, \$4,000, for further investigation of the unfermentable constituents of molasses These two doctors, the Scientific Director said, have made important contributions to the study of molasses, including identification of allulose as one of its constituents

Dr George R Cowgill, professor of nutrition at Yale University Medical School, \$3,600, to survey the vitamin content of various products of the sugar industry at the point when they reach the market The survey will cover raw sugars, soft sugars, molasses, syrups, white sugars, and high-test There is very little information, Dr molasses Hockett said, on the loss, if any, of important nutrient materials in the manufacture of white sugar Accurate knowledge, he added, will either permit reply to unjustified criticism or show just what special values the less purified sugar products possess

Professor L T Samuels, head of the Biochemistry Department at the University of Utah, Salt Lake City, \$3,500, to study the capacity of animals to adjust themselves physiologically to various types of diets Dr Hockett described as of fundamental importance a knowledge of the compensatory changes which occur in the organs when high-carbohydrate or high-protein diets are fed over a period of time This phase of diet study has so far been neglected, he added

Dr H M Wuest, of Brooklyn Polytechnic Instatute, \$1,900, to study preparation of several compounds closely related to vitamin B1 and study their

effects on assay methods
Drs Walter D Bonner and Ralph F Phillips, of the Chemistry Department at the University of Utah, \$1,500, to study production of certain glucose derivatives directly from sugar and molasses

In addition to the new grants, an additional \$5,000 was awarded to Professor L Emmett Holt, Jr, of New York University Medical School, to continue his work on the synthesis of vitamins in the intestinal tract under the influence of various diets

A renewal of a \$4,500 grant was given to Professor James M Neill, of the Department of Bacteriology and Immunology at Cornell University Medical School

## ARMY MEDICAL RESEARCH BOARD

A Medical Research Board has been set up in the Office of the Surgeon General to coordinate all Medical Department research with other staff agencies and components of the Army as well as with agencies outside the Army

Maj Gen George F Lull, USA, Deputy Surgeon General, is president, Col Thomas B Turner, MC, assistant director, Preventive Medicine Service, is special assistant to the president and Lieut Col Leon H Warren, MC, chief, Research Coordination Branch, Technical Division, Operations Service, is recorder

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ventive Medicine Service, Brig Gen Stanhope Bayne-Jones, USA, deputy chief, Preventive Medicine Service, Brig Gen James A Kelser, USA, Director, Veterinary Division, Brig Gen Rex Mc-Kinley McDowell, USA, deputy director, Dental Division, Col Howard F Currie, MC, executive officer, Supply Service, Lieut Col Roy H Turner, MC, chief, Communicable Disease Treatment Branch, Medical Division, Lieut Col John B Klopp, MC, director, Technical Division, Operations Service, and Lieut Col Michael E DeBokey MC. Service, and Lieut Col Michael E DeBakey, MC, chief, General Surgery Branch, Surgical Division — Release from the Office of the Surgeon General, Feb 28.

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#### Woman's Auxiliary

#### To the Medical Society of the State of New York

#### County News

Members of the Auxiliary to the Nassau County Nassau County Medical Society have been invited to attend a meeting of the medical society on October 30 when the speaker will be Dr Joseph Lawrence, director of the Washington office of Public Relations of the American Medical Association

In place of the November meeting, the auxiliary will sponsor the Fall cancer institute at the Garden City Hotel on November 14 Mrs Arthur C Mar-

tın will serve as chairman

Orange County An executive meeting of the Woman's Auxiliary to the Medical Society of Orange County was held at the home of the president, Mrs Walter A. Schmitz, on the grounds of the State Hospital, Middletown, on September 4

Dr Charles W Layne, of Newburgh, met with the committee to assist in planning an open meeting which will be in the form of a cancer teaching pro-This meeting will be held on October 30 in the evening and the public will be invited The place and speaker will be announced later

Others who attended the executive meeting were Mrs Harry F Pohlman, of Middletown, county chairman of the Cancer Control Division of the American Cancer Society, Mrs George Kenny and Mrs Harrison F Murray, of Port Jervis, and Mrs Roswell Schmitt, Mrs David E Overton, and Mrs P Henri Faivre, of Middletown Mrs Pohlman is chairman of the cancer teaching program for October

#### RABIES "CURE"

In Volume IV, Laws of the State of New York, which contains all acts passed at the twenty-eighth and twenty-ninth sessions of the Legislature, 1804, 1805, and 1806, Mr Warren D Reist, of Williams-ville, New York, a retired mail carrier, recently found the following statement
"An Act for granting a Compensation (\$1,000) to John M. Crous for discourants and publishers."

John M Crous for discovering and publishing a Cure for the Hydrophobia or Canine Madness

Passed February 28, 1806

"And be it further enacted, That it shall be the duty of the comptroller to cause the said Prescription to be published in the several newspapers printed by the printers within the state for three weeks successively

Mr Reist wrote to the Libary of Congress regarding this alleged cure and received a copy of the following letter written by Elisha Jenkins, Comptroller of the State of New York, and published in the New York Evening Post under date of April 1,

"Pursuant to the directions of an act, entitled 'An Act for granting a compensation to John M Crous, for discovering and publishing a cure for the hydrophobia or canine madness' passed the 28th Feburary, 1806, I do hereby certify, that the said John M Crous hath this day deposited in this office a certain writing, purporting to be a remedy used by him with perfect success, for more than twenty years past, for the cure of the hydrophobia or canine madness—which writing is in the words and figures following, to wit
"'Cure For The Bite Of The Mad Dog

"The following is an account and prescription of the remedy and cure for the hydrophobia or canine madness, made by John M Crous, in conformity to an act of the legislature of the state of New York, passed at their present session, vis
"'1st. Take one ounce of the nw bone of a dog,

burned and pulverized or pounded to fine dust
"'2dly Take the false tongue of a newly foaled
colt, let that be also dried and pulverized—and,
"'3dly Take one scruple of the verdigrease,

which is raised on the surface of old copper by laying in moist earth, the coppers of George I and II are the purest and best Mix these ingredients together, and if the patient be an adult or full grown, take one common teaspoon full a day, and so in pro-portion for a child according to its age one half of a copper of the above kind if to be had, if not, then a small increased quantity of any baser metal of the kind—this to be taken in a small quantity of water

"The next morning fasting (or before eating) repeat the same as before This, if complied with after the biting of the dog and before symptoms of madness, will effectually prevent any appearance of the disorder, but if after the symptoms shall appear, a physician must immediately be applied to, to

administer the following, vis

"Three drams of the verdigrease of the kind before mentioned, mixt with half an ounce of calomel, to be taken at one dose This quantity the physician need not fear to administer, as the reaction of the venom then diffused through the whole system of the patient, neutralizes considerably the powerful quantity of the medicine—and,

"Secondly, if in four hours thereafter the patient is not completely relieved, administer four grains of

pure opium, or one
"NB The patient must be careful to avoid the use of milk for several days after taking any of the foregoing medicine

"'John M Crous "'Albeit, as John M Crous, being duly sworn, deposeth, that the above account and prescription for the remedy and cure for the hydrophobia or canine madness, is a just and true account and prescription, and the only one used and practised upon by himself for more than twenty years past, and which has never failed of perfect success in any instance of the vast number of unfortunate human beings who have been bitten by the mad dog, and who have applied to him, the deponent, for relief "John M Crous" —Submitted by A S Dean, M D, District Health Officer, in Health News, May 14, 1945

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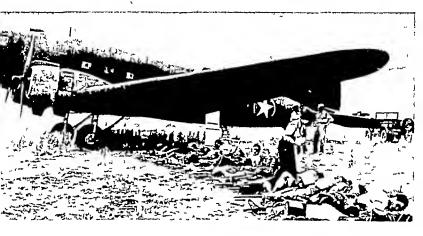
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tion, and all the companion advancements of wartime medical science, 97 out of every 100 such casualties lived!

Thanks should be proffered most generously to the incredible diligence of those "soldiers in white" who created and tirelessly practiced these techniques—the medical men in the service whose rest all too often was no more than a moment and a cigarette Incidentally, that cigarette was very likely a Camel,

an especial favorite of all fighting men



## NEW YORK STATE JOURNAL OF MEDICINE

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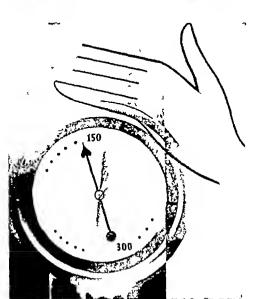
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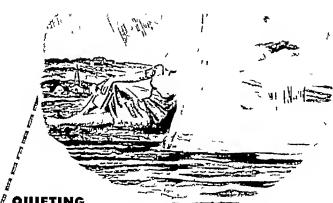
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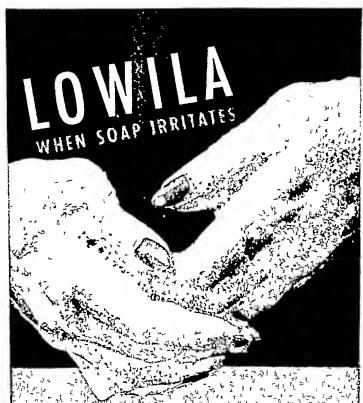
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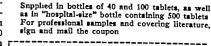


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Ramber A. C., Hardy L. M. and Flebbein, W. L., J. Pod. 22:21-33 (1987) 1943 (1



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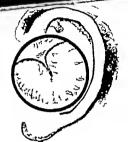
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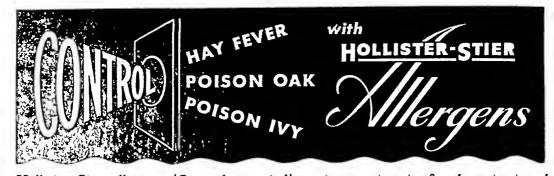
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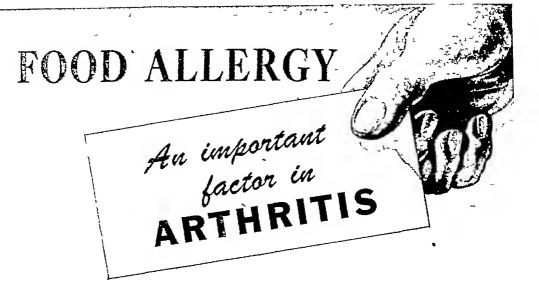
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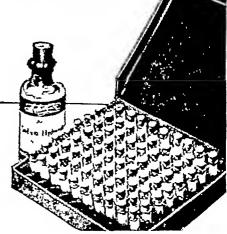
\*Turnbull, John A., Am. J Digestive Dis., II 182, 1944. Reprints available on sequest to Department 2.

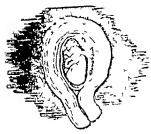
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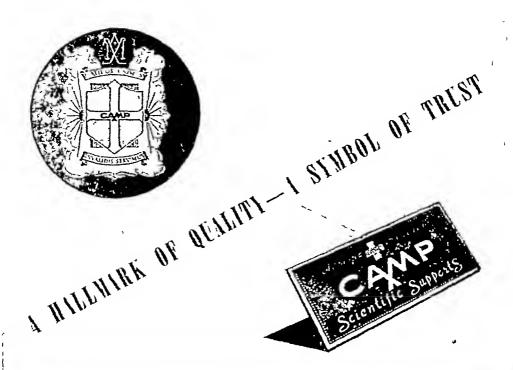
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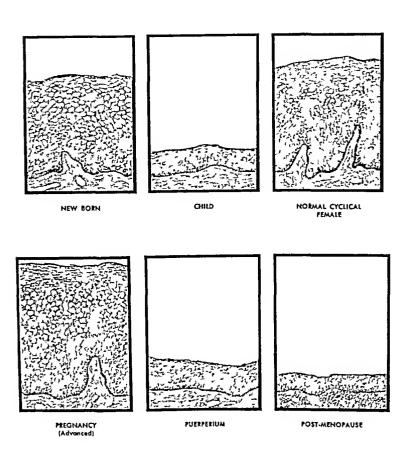
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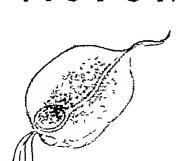






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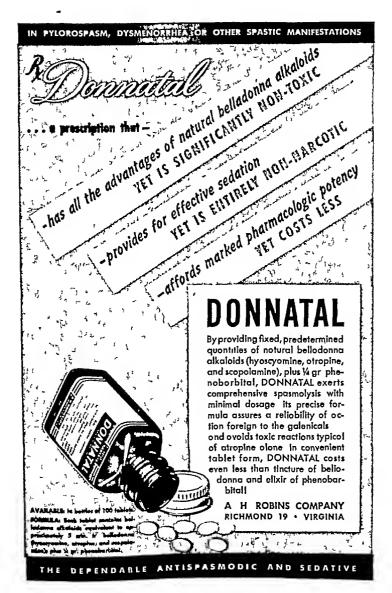
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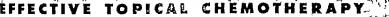
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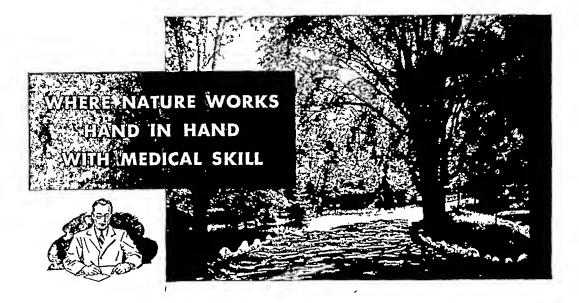
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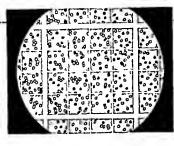
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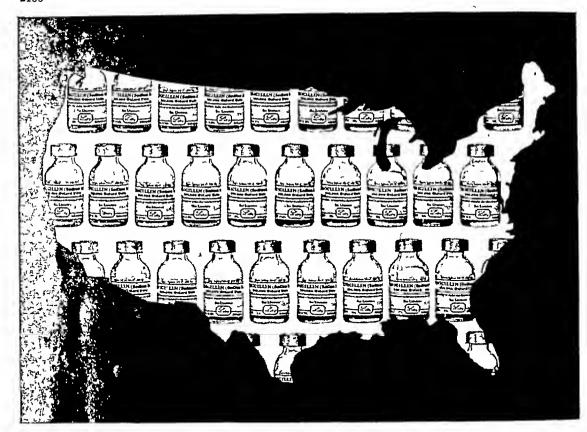
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OCTOBER 15, 1945

NUMBER 20

### **Editorial**

#### Of Congress and the Medical Profession

To those nail-biters who incline to view with alarm by day and wrestle with a night-mare in the wee small hours because of the current edition of the Wagner-Murray-Dingell bill, we can offer some grains of comfort, for what they are worth

Let it be pointed out that Congress, now having reconvened after the Summer recess, seems to be economy-minded. The time when a four-year, two-front war has just been hrought to a successful conclusion as yet unpaid for, except in terms of human life laid on the line, would seem to us to be a reasonably good moment for anyone to pause for thought before myolving the Nation in a huge, amorphous, indeterminate scheme, half socialist, half fascist, as far as its medical and hospital provision are concerned, the yearly dollar cost of which would be the enuity alent of another modest war

We feel that at this point Congress is likely to be rensible of the dammed-up opinion of some eight million of our citizens who will uniquestionably have something to say about what they want and do not want in the near future. Some forty thousand physicians still

with the armed forces will want the opportunity to inquire with many of us who have not been away, why the medical and hospital provisions of the current bill have been drawn up after so little conference with and so little recognition of the American Medical Association, and why such a bill is necessary or even advisable. Why must we have a single, rigid, nation-wide over-all plan? Are we on the verge of imminent physical and mental dissolution that great haste is necessary? We doubt it. Have we so much surplus earning power that we can squander it hastily as we have done so many times in the past with respect to our natural resources? We doubt that, too

Do we orave to extend the power, might, dominion, and glory of the Federal government at the expense of States' rights? If so, why, and how much, and what for, and at what cost? The wealth of a nation is not its buried gold, its vaulted silver, its orculating currency—that dross!—but in its imagination, its collective will, its enterprise, its individual will, the willingness of each to put his shoulder to the wheel for a full day's

work for a full day's pay in whatever medium may be current Respecting the medical profession particularly, States' rights can only be secured by adequate and whole-hearted efforts at the county and state levels to meet the medical obligations which must be assumed if the Federal government is to be denied a further usurpation of power and regulation Good medical service, well distributed at these levels, becomes at the same time a right reserved, a priori, to the various states, the sum total of which constitutes a national asset

We believe that Congress, under its new guidance and sensible of its postwar obligations, economy-minded, and sobered by its new responsibility of world leadership, will be disposed to repose in the various states the confidence which we feel they have deserved to mind their own business and regulate their own affairs. Congress, like the rest of us, is possibly wearied of the jungle of expensive Federal agencies, excusable perhaps under war conditions but not otherwise tolerable.

If we are not to have the Federal power and glory extended domestically, the medical profession at least will have to arouse itself at the county and state levels. For too long a time we have seen the same faces and heard the same voices at meetings. For too long a time we have seen the same backs carrying the burden of committee work, the hard, time-consuming drudgery that has to be done, and done well, and done all the time All honor to the comparatively few who.

have, year after weary year, carried the responsibility for the organizational progress of the profession. They have done what they could But what of the rest? "Too busy", "not interested", "the Society is run by a clique", "a bunch of medical fascists",—almost any excuse to cover indifference, laziness, disinterest, and the numerous asthenias the flesh is heir to. Yet service to the profession itself is just as much a part of good medical care, just as important to the maintenance of States' rights as ever attendance at town meetings or intelligent voting has been and continues to be

However disposed Congress may be to conserve States' rights and to oppose the extension of Federal power and glory, it cannot successfully do so without the willingness, the desire, the aid and assistance of all citizens at the state and county levels It is to be hoped that our returning medical officers will give this matter the thought and implementation it deserves. It is an admonition also to those medical men who have not carned their share of the load in terms of work for their county and state societies futile to expect others to preserve for you what you yourself do not consider worth the time and trouble to work for, to think about, and to improve right where you are, so that local guidance and control of local medical service in the public interest can safely be left in your hands in the opinion of others It is not what we think of ourselves but how others think of us which determines their attitude toward us as a going concern

### A New Approach to the Cancer Problem

The embryonal theory of cancer has survived for more than a hundred years Lobstein, in 1829, conceived that tumors arose from embryonal tissues which had lost the control of the organism. In 1874 Durante stated that all tumors, and especially malignant ones, arise from embryonal groups of cells. The modern embryonal theory was elaborated by Cohnheim. Briefly, this theory holds that tumors originate either from tissues misplaced during embryonal development or from superfluous cells which

retain their embryonal character without necessarily being displaced. Ewing expressed the opinion that the most important fact in our knowledge of tumor genesis is that embryonal cells possess more than any others the essential factors of tumor growth

There is abundant evidence that many kinds of tumors do originate in persisting or misplaced embryonal cells, but it is also known that such cells do not necessarily produce tumors. Attempts to produce malignant tumors experimentally by transplanta-

tion of embryonal tissues have not succeeded Many studies have shown that something more than the separation of cell groups from their natural environment is necessary carcinogenio factor is vet to be found cent research conducted by Harry S N Greene, at Yale University School of Medione, seems to open a promising approach to the problem.

Having first demonstrated that ombryonic mammalian tissues could be grown in adults of the same or alien species, Greeno implanted embryonic tissues which had been impregnated with a carcinogen, methylcholanthrene. Varioue tissues and organs, including lung, etomach, intestine, ekin, muscle. and cartilage, were used. In thirty to thirty-five days the transplants measured 1 to 15 cm in diameter and showed all the structural and cellular characters of cancer The diagnosie of cancer was based on hiologic behavior as well as on morphology, and such diagnosis was not made unless the tissue possessed the ability to grow and to duplicate its structure in alion species. Approximately 60

1 Greens, Barry S N Science 101: 644 (June 21) 1945.

per cent of the transplants fulfilled both the morphologic and hiologic requirements

Active invasion of the tissues of the host was apparent by the forty-fifth day Metastasis ocurred but most of the animals were killed for etudy at too early a date to allow accumulation of significant data.

The significance of these experiments cannot be better expressed than in the concluding paragraph of Greene's preliminary report

These experiments were instituted on the assumption that the reserve atores of stem or partially differentiated cells of the body formed the source of neoplastic cells in adult animals and that embryonic tissues might prove a more favorable medium for the experimental production of tumore than the corresponding tissues of adult animals The results obtained support this assump-The method described offers a means of producing carcinomas in a variety of internal organs in a relatively short time Moreover, the ability to transplant treated tissues heterologously and to test the susceptibility of embryonic organs of resistant species after transfer to susceptible hosts and vice versa offers a new approach to a study of the nature and mode of action of carcinogenic chemicals

#### Current Editorial Comment

#### Of This and That

Well over two hundred thousand women have entered the armed services as nurses, Wacs, Waves, Spars, and Marines, number of women workers has moreased in the past four years hy six million, at the. end of last year there were seventeen and a quarter million women employed in the United States 1 These figures do not inolude the very numerous women volunteer workers carrying on a variety of activities in the Red Cross and other vital occupations

It is extremely gratifying, says the Statistical Bulletin of the Metropolitan Life Insurance Company, which this year celebrates its twenty-fifth annivorsary of useful service to its many readers, "to find that mortality among women in the main working ages of life has declined during the war period "

Among white women 15 to 54 years of age insured by the Metropolitan Life Insurance Company, the death rate hetween 1939 and 1944 for all causes combined fell from 327 5 per 100,000 to 274 5, or one sixth. Tuberoulosis deaths fell more than one fifth, mortality from diseases of the heart, artenes, and kidneys, despite the strains of war, declined 18 per cent

The death rate from diseases of the puerperal state declined by almost one third This is truly a remarkable decrease and is attributed to the effectiveness of the sulfa drugs in the treatment of puerperal septicemia, to better prenatal and postnatal care, and to more satisfactory care during labor

This report seems to us to be of very great significance in view of the grave forebodings expressed by some physicians as to the effeet of wartime occupations and stresses

t Statistical Bulletin, Metropolitan Life Insurance Co p. 3 (Feb.) 1945

upon the female working population Apparently industrial hygiene and sanitation, industrial medical service, and medical service in general for the female working population is being maintained at a very high level of efficiency to achieve such outstanding results Washington papers please copy

In a careful study of 696 cases of registrants with psychiatric diagnoses from the New York City selective service area, Col Samuel J Kopetzky, (MC), AUS, has checked the validity of psychiatric criteria used in the rejection of men for service with the armed forces He observes that

"It should be borne in mind that the entire sample, excluding a very small number for reasons of error in diagnosis and differences in diagnosis by psychiatrists, met the criteria of rejection for military service outlined in the mobilization regulations In brief, the guards against accepting men for military service as reflected in these diagnostic criteria are valid when the findings of this study are weighed in terms of the high discharge rate for those men who have a definite history of mental illness To date, one of every four men inducted into military service with a history of mental illness prior to induction has been discharged Clearly, to accept men from this group is costly As stated in the mobilization regulations, these 'unstable individuals form weak points in the military organization and often break down under stress, endangering the lives of others as well as the national security '

"For the community, accountable for their well-being, their service in the armed forces becomes a problem, particularly when their condition has worsened during service and they are discharged. It would be extremely desirable to secure data relating to the effects of military service on this group. Of course, the possible range of problems for the discharged man and his family is also of considerable importance.

"In summary, it seems that the diagnostic criteria for selecting men who are mentally fit for military service are extremely valid. The problems inherent in selection rest in a large measure on the methods of detection of mental illness in registrants during the process of selection. De-

tection of mental illness is very difficult in a great many instances, as shown by the fact 53 men of every 1,000 are accepted for military service who have a history of mental illness of such nature as to warrant rejection It can be assumed that many registrants have been mentally ill and have not been known to the psychiatric divisions of Bellevue Hospital and Kings County Hospital It would be significant to secure information about those persons who have used the outpatient departments of psychiatric divisions and private psychiatric resources in the community. It would be of interest to find out the number in this group and also the seventy of their specific conditions The latter would be helpful in determining whether a smaller number of persons with mental conditions which are nonacceptable for military service have had contact with an outpatient department of a psychiatric divison than of persons known to the inpatient departments

"The Selective Service System has been aware of the difficult and exacting process of selecting men who are mentally fit for the armed forces and therefore put into effect, as of February 1, 1944, the Medical Survey Program gram recommended that information about registrants may be obtained from the following 'the registrant's personal or private sources physician, social-service exchanges, hospitals and clinics, public and private social agencies of recognized standing, United States Employment Service, the present or former employer of the registrant, public or private schools, and correctional institutions or agencies ' The program also sets forth procedures to check the names of registrants with the state central file for mental diseases if such an agency exists. In view of some of the results of this study, it seems that there is striking evidence of the need for a complete central file, including all persons known to the inpatient and outpatient departments of the psychiatric divisions of all hospitals

"In conclusion, it is evident that the Medical Survey Program provides, to a great extent, a better means for a more satisfactory selection of men who are mentally suited for the responsibilities of military service. The medical survey procedures have proved their value, and in the New York City area the psychiatric card catalogue has been a valuable aid in keeping the mentally unfit from being accepted for military service."

<sup>&</sup>lt;sup>2</sup> War Medicine 6 357-368 (Dec.) 1944



### William Avery Groat, BS, MD

Ex president, Medical Society of the State of New York
Born November 9, 1876 Died September 9, 1945

In the passing of William Avory Groat, of Syracuse, New York, the medical profession loses one of its most able counselors and loyal supportors From the time of graduation from the medical school his interest was continuous and progressive, for the advancement of medical science To this end he made important contributions, especially in the fields of hematology and metabolism

His interests were wide and varied, his reading was voluminous and he possessed that fortunate combination of the scientific and cultural which made him an influence not only in the profession of his choice but in the fields of art, literature, and music of his community. His ability to discern the real values of this complex age was perhaps the truest measure of his erudition.

Dr Groat was born in Canastota, New York, and received his medical degree at Syracuse University College of Medicine in 1900, in 1901 he became a member of the faculty and from 1911 until his death was professor of clinical pathology. He was an adviser to the Board of Athletics and for many years a trustee of his Alma Mater

As a practicing physician, he was a member of the staffs of St Joseph Hospital, Syra-

cuse Memorial Hospital, the University Hospital of the Good Shepherd, City Hospital, the Syracuse Psychopathic Hospital, and the Syracuse Free Dispensary He was a Fellow of the American College of Physicians and held membership in numerous scientific and honorary societies. He was serving as chief of the medical staff of Syracuse Memorial Hospital when, in 1938, he was elected President of the Medical Society of the State of New York He has also served as a member of its Board of Trustees

In World War I he was a major in the Medical Corps of the United States Army and continued to serve as a heutenant colonel in the Medical Reserve Corps

In the loss which this Society so keenly feels by the death of a former President, we are reminded that it is from the minds and talents of such physicians that we gain the strength and wisdom to grow in the service to which we aspire

### ABNORMALITIES OF THE PARATHYROID CALCIUM PHOSPHORUS VITAMIN D COMPLEX

JAMES FINLAY HART, M.D., and JAMES R. LISA. M.D. New York City

(From the Metabolic Department, First Medical Dwisson, and the Pathologic Laboratories City Hospital, Welfare Island)

WERE interested to know the rate of necurrence, the types encountered, the treatment employed, and the therapeutic response in those cases that might be classified as abnormall ties of the parathyroid-calcium-phosphorus-vitamin D complex admitted to the New York City Hospital, Welfare Island, during the last ten years

With that in view we made a study of the histories of all cases recorded as adenoma of the brainlyroid, parathyroid discase, late and renal rickets, esteriis cystica fibrosa solitary bone cyst, pathologio fracture of the bones, multiple myeloma, renal lithiasis, hyperculcinosis, hyperculcinosis

anst three years of the All told, there were 25 cases in the files that were lasted under one or another of the above categories. However, after a careful perusal we were left with only 9 that had satisfactory histories or sufficient data to justify their inclusion. The final count was 3 patients with hyperparathyroidism, 2 of whom had an adenoma removed in the City Hospital and 1 who had the removal in another hospital, 4 cases of bone cysts, 1 case diagnosed as osteogenesis imperfecta, and 1 case of tetany. We will present first the histories of the 3 proved cases of adenoma.

#### Case Reports

Case 1—(95 322) Rosetta J a colored woman, 31 years old, was admitted to the surgical service of Dr F W Bancroft on February 23 1940 Her chief complaint was a cold of three weeks and a painful swelling of the knee of two days' duration. Her past history was negative. Her bowels were normal hut she passed large quantities of urne at frequent intervals with nocturia three to four times a night for a long time. There was no dysuma and there was no known trauma to the knee. Recently she had noticed marked weakness and had had a poor appetite and a bad taste in her mouth for some months. Her menses started after endoerine therapy at 18 years and since then had been regular with a 3/28 sequence. She has had frequent head aches recently

She was a poorly neurished and poorly developed colored woman who appeared chronically ill. Her

pupils and fundi were normal. Her heart was recorded as enlarged The sounds were necentuated with the second acrtic sound marked The refleces were normal The right knee was tender and swellen Her blood pressure was 198/120 The lungs were clear A Mosenthal urine test showed 1015-1010-1017 There was a trace of albumin and many white blood cells.

On admission her Wassermann test was 4 plus. The nonprotein nitrogen was 30 mg., glucose, 91 mg, calcium, 166 mg., phosphorus, 1.8 mg, and phosphatase, 12.1 (Bodansky) A diagnosis was then made of syphilis, hypertension, and hyperpara thyroidism An electrocardiogram was negative, while a chest plate revealed numerous fibrotic changes in the region of the costochondral junctions. the nature of which was not clear at that time to the roentgenologist Subsequent x-rays showed similar changes in the upper end of the right tibia, the pubic bones the long hones of the extremities, and the phalanges. The calvarium was markedly thickened, giving a cotton-wool appearance suggesting Paget s disease. At a slightly later date the con clusions from the x-rays were that films of the whole body, while showing bone destruction and bone production, were of an irregular nature and gave no positive evidence of any specific bone disease.

Further laboratory reports were March 1, 1940, calcium, 16.2 phosphorus, 1.84 March 5, 1940, calcium, 16.6 phosphorus (serum), 2.36, phosphorus (serum), 2.36, phosphorus, 12.1, cholesterol 200, and cholesterol esters, 125 March 11, 1940, phosphorus (serum), 190 plasma, 236, March 27, 1940 calcium in the urno in twenty-four hours, 115 07 mg in 1,370 cc., April 4, 1940 serum allumin, 28 per cent, serum globulin, 2.7 per cent. The urino was negative for

Bence-Jones protein

An intravenous pyelogram was done on March 11 1940 and the report stated that the kidneys had fauly good function. There were no calcific shad ows. A bopey of the rib was taken on April 4, 1940. The report stated that "The most prominent feature is the widespread loose moderately cellular, fibrohlastic tissue with small esteed spicules. A few areas are so loose that they appear to have small cysts. In one large area the appearance of the tassue is quite different. It consists of a very cellular fibroblastic notwork, very slightly vascular, has many grant cells of the epulis type, and is free of exteods spicules. At the periphery, the esteed spicules are small and closely resemble the nuclei of the grant cells." The diagnosis was esteits fibroes compatible with parathyroid tumor.

An examination of the neck falled to show any evidence of a tumor of the parathyroid However on April 18, 1040, Dr Bancroft performed an exploratory operation and on opening the left side

found a tumor mass, the size and shape of a lima bean, lying lateral and posterior to the inferior portion of the left lobe of the thyroid. This was unattached to the thyroid but had its own blood supply. It was removed and the right side was investigated but no abnormal masses were found.

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The pathologic report was "The specimen consists of the left parathyroid It is pyriform and of brown-red color It measures 3 by 2 by 0 8 cm is soft and the capsule appears smooth scopically, the architecture consists of interlacing columns of cells separated by a rich capillary bed The great majority of the cells have a finely granular, rather opaque cytoplasm and a central round or oval homogeneously stained nucleus A very few opaque cells have hyperchromatic nuclei, while nucleoh are absent A few larger cells with clear protoplasm are scattered among the opaque cells The nuclei are round and central A third type of cell is present, fairly large, and with an oxyphilic homogeneous cytoplasm These occur either singly or in small clusters The connective tissue along the larger vessels is only moderately abundant and contains a rare mast cell. Eosinophils are not present either in the circulating blood or in the connective tissue Vesicles with colloid are not 'found The diagnosis is adenoma of the parathyroid."

On April 22, 1941, the fifth postoperative day, the patient developed early signs of spasmophilia The Chvostek and Trusseau signs were positive On April 24, 1941, 20 grains of calcium gluconate were given intravenously at three different times In addition 10 grains of calcium lactate and 10 minims of viosterol were given by mouth three times a day Fifty units of parathyroid extract were injected twice on April 24 The blood showed calcium, 10 4 mg, phosphorus, 3 1 mg, and phosphatase, 195 The parathyroid extract was discontinued the next day but the calcium and the viosterol were carried on to the first of May, when the lactate was raised to 30 grains three times a day and so continued until she was discharged on May 19

On April 30 the calcium was 98 mg, the phosphorus, 363, and the phosphatase, 145 On May 13 the calcium was 84 mg, the phosphorus, 41 mg, and the phosphatase, 14 On May 19, 1941, she was discharged to the clinic

Case 2—(109313) Mary G was admitted to the surgical service of Dr S W Crossman on September 9, 1941, for pain in the right hip and knee Three weeks previously she had fallen on her hip and was incapacitated Sho fell again with great pain and was brought into the hospital.

She had had gallstones removed in 1936, and had complained of arthritis in both knees for over one year. Her menstruation hegan at 17, was regular, and lasted three to four days. She was pregnant twice and had two children

She was a 51-year-old Italian woman, not acutely ill, complaining of pain in the right hip, femur, and knee. Her blood pressure was 170/90. On entrance x-rays were taken of the right hip and knee. There was a fracture of the right femoral neck with moderate overriding of the fragments. Marked decalcification of the bones was noted, with elevation

of the periosteum throughout the right femoral Marked absorption of bone in the region of the pubes and ischial bones was seen, especially on These findings suggested a pathologic the right fracture and osteoclastic malignant changes in the pelvis and the femur Oblique films of the knee revealed osteoporosis and decalcification of the bones, especially in the region of the condyles of the femur and the tibia The lungs showed no metastasis, but there was a tortuous calcified lateral thoracic artery in the left middle lung field. Films of the elbow revealed osseous densities above the olecranon process in the posterior part of the elbow, giving a mottled appearance Films of the lumbosacral spine and pelvis illustrated marked degrees of decalcification, especially in the region of the neck of the right femur and the symphysis pubis There was extensive calcification of the small pelvic arteries On October 6, 1941, films of both legs showed marked decalcification of the bones but very little periosteal elevation. The right tibia had a moth-eaten and ground-glass appearance was a calcific mottling of the subcutaneous portions of the left leg The skull film revealed a normal sella turcica and no evidence of a gross lesion linear calcification traversing the pituitary fossa most hkely represented calcification of the internal carotid

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On October 29, 1941, films of the hand showed marked calcification of the smaller and larger There were irregularities in the contour of the shafts of the phalanges Both thumbs exhibited dorsal bowing of the distal phalanges On November 14, 1941, films of the skull presented slight thickening of the table of the cranial vault There was a stippled and punctate appearance of the bones The acromicelavicular joints showed decalcification In the pelvis there was multiple calcification of the arteries The conclusion of the roentgenologist was that absorption of bone, decalcification, thickening of the periosteum, sub-cutaneous calcinosis, and extensive calcification of the arteries suggested a systemic disorder, particularly of the calcium metabolism

On November 26 Dr Crossman decided to do an exploratory operation for adenoma of the parathyroid He found the left lower parathyroid gland was friable, slightly yellowish, and the shape of a sphere with a diameter of 1 25 cm The pathologic report stated that it was a nodular, well-encapsulated, soft, yellowish-brown mass of tissue which measured 3 by 2 by 11/2 cm On the cut surface the appearance was homogeneous Microscopically, it was mostly a diffuse sheath of polygonal cells with small dark oval or round nuclei. In some areas acınar configuration was noted Many areas were composed of water-clear cells, other areas of oxyphilic cells The tissue was almost entirely free from stroma The capsule was thin The diagnosis was parathyroid adenoma.

Table 1 gives the laboratory reports, the pertinent clinical findings, and the treatment up to December 6, 1941, when the patient died in uremic coma

Case 3—(123476) (This case will be presented very briefly as it is being published elsewhere in

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TABLE 1

				Nonprotein		Ures	
	Calcium	Phosphorus	Phosphetase	Nitrogen	Creatinine	Nitrogen	
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October 19, 1941	11	6 1	19 6				-
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November 26 1041			• • • • • • •	82	3 4		
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November 29 1941	6 8	6 57	20 9	150	6		Comp 10th T
Vovember 30 1941	6						
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December 3 1961			Unconscious 20 9	Redy tremora			
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Daniel	extract w	ere given.					
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	by mouth	L At 6 00 p.m.	2 ampules of ca	icinm epiocide	MALS ELAST IU	ravenously	The narrow
Daniel	ME IO JOS	or and again a	t mkinight.				- (
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ACCOUNTED 1041	9.8	CO1	10 per cent				
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toto by Dr Jules Cohen, of the staff of the City Hos-pital.) The patient, P B, was a man, 23 years old, who had been suffering from renal lithinsis for two years. All x-rays were negative for bone changes. He had persistent hypercalcomia, averaging be-tween 14 and 16 mg., while the phosphorus ro-mained normal. There was evidence of hypercalciuma obtained from the Sulkowitz test. In the hospital he was predominantly a renal case. An adenoma of the parathyroid was removed later at another hospital.

It would seem that there were 3 recognized cases of adenoma of the parathyroid among appreximately 01,000 admissions to the City Hospital during that ten-year period They were all adults, 2 being women and 1 a man. The 2 women gave symptoms suggestive of hone pathelogy, whereas the man showed outstandingly a clinical case of renal lithiasis no inclination toward tetany in any of these cases except after the adenema was removed The state of the kidneys varied in each mer dence In the first there was a history of polyuma with noctura for some tune. There was a moderately low fixed specific gravity and the urine gave evidence of renal changes. There was, however, no protein retention in the blood Hypertension could be accountable for these findings Her intravenous pyelogram was nega tive and at no time during her stay was the nonprotein nitrogen raised. In the second case there was no history of renal disease and the entrance urine was negative. She was in the hospital over ten weeks before the first evidence of renal changes appeared On November 21, 19the blood phosphorus was reprize a Then on November 25 the nitrogen was found to be 82 mg zur 2 ... ine 34 mg On the next day 1 phorus was 8 04 mg and the warren 112 mg, with the urea nitroge -November 28 the nonprotein amg and the creatmine, 5 mg. nenprotein mitrogen, and crashigh until death. In the the concentration test gave conphritis, yet the injury to the the stage of renal failure are in the blood

made in the first case desthrough the hyperculeurs substantiated by the are and the subsequent him ond case was recognised from the x-ray, and me the skeleton showed b generalized The colo but the phosphati phosphorus did tient had been

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> the 942 been about : about ig of the shoulder vulsion five dold with a

> 34, 1941 the lood calcium ind the non 042, the paith spanns

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cium, parathyroid extract, and vitamin D given early carried her over the crisis This was folloned by normal calcium values Case 2 also went into a similar state on the fifth postoperative day It required very large doses of calcium, parathyroid extract, and vitamin D to make any improvement in the patient's tetany Unfortunately, this patient began some form of kidney failure five days before the operation, as shown by the blood phosphorus of 723 mg on that date The uremia progressed very fast, complicating the picture and finally bringing about death eleven days after the operation The treatment of the third case, outside of the parathyroid surgery, was concerned solely with The therapeutic response in the renal litluasis the first case was very satisfactory, in the second it was effective but of no practical value because of the rapidly progressive uremia, and in the third case it was of decided value

In the next group are 4 cases of bone cyst These are termed solitary cysts, as there is usually no other involvement in the body

Case 4—(91104) George D, a white boy of 10 years, entered the surgical service of Dr. Crossman because of injury to the left shoulder. X-rays on entrance showed a puthologic fracture of the surgical neck of the left humerus. The previous history was negative, as was the physical examination except for the shoulder.

The x-ray report stated that the cortex was expanded and thinned down and that multilocular cysts were present. The lesion gave the appearance of a giant-cell tumor involving the proximal end of the left humerus. At entrance the blood chemistry showed calcium, 119 mg, phosphorus, 65 mg, and phosphatase, 65. The urinalysis was reported as showing specific gravity, 1014, albumin, negative, and Bence-Jones protein, negative.

A curettage and biopsy was done and the pathologic report was of a bone cyst, giant-cell tumor of the bone On October 16, 1939, x-rays of the humerus gave no furthir evidence of hone changes On November 6, 1939, films exhibited satisfactory healing, and on November 24, 1939, the cysts had coalesced

Another biopsy was taken on November 6, 1939 The specimen consisted of an irregular connective-tissue stroma containing many fibroblasts and an occasional polymorphonuclear cell. Several irregular cystic areas were noted, containing red blood cells The diagnosis was osteitis fibrosa cystica. On December 3, 1939, the patient was discharged to the chinc

He returned to the hospital two years later for a few days because of an injury to his head. He had no further fractures and was apparently in good health in the interim. The kidneys seemed to be normal, as the only specimen tested showed a specific gravity of 1 030 and was otherwise negative.

Case 6—(94922) Marie C, a white girl of 16 years, was admitted to the surgical service of Dr Bancroft

on April 1, 1940 Her chief complaint was pain on motion in the upper part of the left humerus On March 29, 1940, she had fallen downstairs Otherwise the history was negative

The x-rays showed in the proximal one third of the shaft of the left humerus a marked thinning of the cortex, with expansion of the medullary portion, indicating a large solitary cyst. The cyst had thinned down the cortex sufficiently so that a frac-On April 4, 1940, x-rays of the pelvis, ture resulted sacrum, both the femora, the right scapula, and humerus with the outer two thirds of the right clavicle failed to show any evidence of pathology Films of the bones of both legs and the right foot The blood Wassermann test were also negative was negative, while the calcium was 10 3 mg, the phosphorus, 3 43 mg, the cholesterol, 143 mg, and the cholesterol esters, 80 mg

On April 15, 1940, the patient had a curettage of the bone cyst plus a bono graft. The greater portion of the tissue submitted for microscopic study consisted of cellular fibrosis, somewhat loose in character and with many hemorrhages. At the periphery were osteoid and osseous spioules separated by a less cellular fibrosis. The spicules were surrounded by numerous osteoblasts. The diagnosis was osteitis fibrosa. She was discharged on May 6, 1940.

Case 6—(86575) Victoria A was admitted to the surgical service of Dr I Kross on April 21, 1939 She was a white woman, aged 26, who had begun having pains in the right hip two months before admittance She was poorly nourished and presented little previous history

An entrance x-ray of the right hip joint revealed multiple cystic changes involving the head of the femur and the acetabulum. The lungs were normal. The blood calcium at that time was 11.1 mg. Further x-rays of the skull, long bones, and spine were negative.

She was operated upon on May 16, 1939, and cysts were found The pathologic specimen showed an area of dense connective tissue in irregular configuration and a small cellular area containing many blood cells The cells in the cellular area were spindle-shaped small fibroblasts. A single layer of these cells lined the cystic areas. The diagnosis was given as osteitis fibrosa cystica. On May 8, 1939, the calcium was 11 2 mg, the phosphorus, 2 94 mg, and the phosphatase, 2 4. She was discharged from the hospital on June 2, 1939.

She was readmitted on June 25, 1940, hecause the hip was giving her trouble. On June 25 she was operated on by Dr. Kross for the introduction of a vitallium cap. At the operation cysts were noted on the bone. She was discharged on August 4, 1940, much improved.

Case 7—(119906) S D, a white man, aged 21, was admitted to the surgical service of Dr Kross He had had pneumonia at 14 His physical examination was negative except for his jaw. His present illness had begun about seven months before admittance. There was a steadily growing swelling of the face under the left eye with loosening of the teeth.

TABLE 2

Case No.																		
1	Calcium Phosphorus Phosphatase	10 2 1 8 12 1	15	2 84	16	00 00	3	1	Operation	h 1	3 63	- 4	1	Tetany treat			4	
2	Calcium Phosphorus Phosphatase	11 6 4 3 20	11 3 25		1 L 3 19	1	11 7 14	23	Operatio	n 1	1 D 8 O4 5 1	14 8 20		0 3 5 57 20 9	6 6	8 5 36	57 3	9 8
3	Calcium I hosphorus	Increase Norma	æď	-														
4	Calcium l'hosphorus Phosphatase	11 0 6 6 6 5																
б	Calcium Phosphorus Phosphatase	10 3 3 4 2 4																
0	Calcium Phosphorus Phosphatase	11 1 2 0 2 4	11	2														
7	Calcium Phosphorus Phosphatase	No rep No rep No rep	ort															
8	Calcium Phosphorus Phosphatase	7 8 3 8 No rep	13	5 0														
9	Calcium Phosphorus Phosphatase	8 9	8	2	8	0	0	2	3 6	0 5 4 2	10 4 2	1						

On examination n large, firm growth was seen along the upper gum on the lateral margin of the left side. A blopsy was done in the outpatient department and the diagnosis was guant-cell tumor of the bone, opulis typo

He was operated upon on March 29, 1943 The pathologic report of the specimen from the operation was that the most prominent feature was the extraordinary number of giant cells iying in a moderately cellular fibrillary network. It was moderately vascularized. Abundant foci of hemosiderin were present. The diagnoss was epulis. He was discharged on April 7, 1943

The 4 cares of bone cyst have little to show that the parathyroid was at fault, yet because the bone pathology in each case was identical with the changes found in proved cases of idenoma of the parathyroid it is possible that some form of parathyroid dysfunction might have been present.

The next case was diagnosed in 1929, from the x-ray studies, as esteogenesis imperfects with many pathologic fractures and epilepsy Because the patient was under observation from 1929 to 1936, a period that preceded the advances in our knowledge of parathyroid dysfunction, we should come to our own conclusions from the evidence at hand

Case 8—(60695) Howard W was admitted to the neurologic service of Dr L. Vosburgh on December 13 1929, with n history of softening of the bones and fits He was normal until the age of 3 when he fractured n leg. Since then he has suffered twelve fractures. He had fits with aura and biting of the tongue.

He was a dwarfed boy with an enormous head and scoliosis. He was pigeon breasted and potbellied and there was anterior curving of the tibias. He was given an entrance diagnosis of dwarfism osteogenesis imperfects, and opilepsy

In the hospital he had several sensures. On December 21, 1929, x rays of the tibias and fibulas showed marked decalcification and deformity roentgenologist thought it was osteogenesis imporfeeta. On December 28 1929, x rays of the pelvis and lower extremities showed marked decalcifica-On February 21, 1931, an x-ray of the left humerus showed osteogenesis imperfecta. On April 11, 1931, the blood sorum contained 7 8 mg of calclum and 3.8 mg of phosphorus. On April 16, 1931, the volume of the urine passed was 5,904 cc. and the total calcium was 0 108 mg, and the phosphorus was 0 77 mg. On January 25 1932, the phosphorus of the blood was 8 mg. and the calcium, 13.5 mg. On July 31, 1926, x rays of the skull were negative for abnormal calcification and the solla turcica showed no changes. He was discharged to a paychonathic hospital on December 24, 1936

The following case has been classified as tetany due to calcium deficiency

Cass 9—(116745) Sophie A was admitted to the medical service of Dr D B. Likely on July 21, 1942 for swelling and pains in the joints. She had been pregnant alx times but miscarried in each case about the fourth month The present illness began about three weeks before admittance with swelling of the ankle, then the left shoulder the right shoulder, and finally the elbow She had a convulsion five weeks before entrance.

She was n white woman, 65 years old with a blood pressure of 170/80 On July 24, 1941, the Mussermann test was negative The blood calcium was 60 mg the uric acld, 2.8 mg and the non-protein nitrogen, 30 mg On July 24 1942, the patient had a fifteen-muste convulsion with spasms of the findal muscles then the arms, and finally the lower extremities. There was also carpopedal spasms.

On July 25, 1942 one ampule of calcium gluconate was given intravenously. On the next day the ampule of calcium gluconate was repeated and 20

grains of calcium lactate and 20 drops of viosterol were added by mouth three times a day. The calcium lactate and the viosterol were continued throughout her stay. On July 28, 1942, x-rays of the pelvis, spine, knees, and left shoulder showed spotty decalcification of the bone in the region of both knees and hips. On August 4, 1942, the blood calcium was 82 mg. On August 8 it was 86 mg. On August 25 the skull x-ray showed a moderate degree of hyperostosis frontalis. The sella was normal

The blood calcium was 9 2 mg on August 25 and the calcium lactate and the viosterol were cut. On August 28 the calcium was 9 2 mg and the phosphorus, 3 6 mg. On August 30 the calcium was 10 mg, the phosphorus, 4 1 mg, and the nonprotein nitrogen, 25 mg. On October 21 the calcium was 9 5 mg, the phosphorus, 4 1 mg, and the phosphatase, 2 1 mg. On October 25 the calcium was 10 mg. She was discharged on November 1, 1942, after signing a release. She had improved markedly since admission.

#### Summary and Conclusions

With 9 cases occurring in 91,000 admissions one could consider abnormalities of the parathyroid-calcium-phosphorus-vitamin D complex, exclusive of infantile rickets, a relatively rare state. As the decade covered in this study spans the years when much of our knowledge about this interrelationship was in the making, it is reasonable to assume that some cases were missed.

As to the types encountered, there were 7 cases in which the bone changes were outstanding, 1 case in which the kidney changes predominated. and 1 in which tetany was the most prominent clinical symptom Two of the 9 had complica-Case 2 developed nephritis after being ten weeks in the hospital and ended up in uremia which was typical of that seen in untreated cases of parathyroid adenoma ' Case 8 gave a history of epilepsy with frequent seizures before entrance but only "several" were recorded during the seven years he was in the City Hospital ing by the two blood calcium determinations reported his blood calcium was very labile, sometimes in hypocalcemic and sometimes in hypercalcemic ranges Such values give considerable weight to the belief that the seizures were not collepsy but hypocalcemic attacks

It will be noted that not even the 3 cases with proved adenoma gave any evidence of tumefaction of the neck from a physical examination

There were 3 cases with marked hypercalcemia (those with proved adenoma), 1 with mild hypercalcemia (119), 1 with high normal (11.2), 1 with both hypocalcemia and hypercalcemia, 1 with normal values, 1 with marked hypocalcemia, and 1 not taken Except for the second patient, who developed hyperphosphatemia and died in uremic coma, the blood phosphorus stayed within normal bounds. The phosphatase

reports were quite meager In cases 1 and 2, in which considerable tests were made, there was marked evidence of bone disorder

Removal of a parathyroid adenoma was successful in stabilizing the blood calcium in 3 cases In the second patient, the one who died of uremia, the kidney failure may well have been due to the excessive stimulation by the parathyroid adenoma, and might have been avoided or lessened by earlier removal of the tumor The first 2 patients developed tetany about the fifth postoperative day This is a commonly reported happening and leads to death unless active treatment is instituted Fortunately, large doses of calcium with parathyroid extract or large doses of vitamin D handle the situation It would seem a suitable procedure to fortify the patient shortly after the operation with adequate calcium and vitamin D

The 4 cases of bone cysts were successfully handled by local surgery The laboratory studies were incomplete, but those reported gave little evidence of a systemic calcium-phosphorus-phosphatase upset We may be criticized in introducing solitary bone cysts into this group, but as we have stated earlier, the pathology in the cyst is indentical with that found in the generalized form associated with hyperparathyroidism and thereby seems to us a related condition According to Geschieter and Copeland there seems to be a growing tendency to consider both giant-cell tumors of the bone and osterus fibrosa as pathologically related They brought out that in cases of multiple cysts in von Recklinghausen's disease associated with parathyroid adenoma, both giant-cell tumors and typical cysts may be found in the same patient, impressing one that the two lesions are different patterns of the same pathologic process

The eighth case in this series, with pathologic fractures, bone changes, and positive changes in the calcium levels of the blood, points strongly to a parathyroid adenoma and might have been better diagnosed with our present-day methods. The ninth case presents a rare type of spontaneous tetany in an elderly person with bone but no kidney changes. It could very well have been a lack of vitamin D, as it responded to the usual rickets treatment.

The Sulkewitz test for calcium in the urine was employed only once and that time gave evidence of hypercalciuma. While this test is crude and is influenced by the calcium in the diet, it can serve a useful purpose. The regular determination of calcium in the urine is beyond the average laboratory, and no case in this category should go without some estimation of the urinary calcium excretion.

Geschieter, C F, and Copeland, M M Am J Cancer, 1936

#### THE DIAGNOSIS OF LOEFFLER'S SYNDROME

Transient Lung Infiltration with Eosinophilia

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BETWEEN 1932 and 1936, Loefflert reported 51 cases of fleeting lung infiltration which occurred predominantly in the infraclavicular portions of the lungs, associated with a high blood cosmophilia. In no instance was there more subjectly o evidence of illness than a slight malaise or a slight nonproductive cough Sixty per cent had no fever, the remainder not over 99.5 F A few fine, crepitant rales were heard The blood count was slightly elevated, never above 14,000, with a high percentage of cosinophiles.

Loeffler considered this syndrome, which now hears his name, as a reaction of the body and the lungs in particular, to the products of the tuberele bacillus. It has also been seen in cases of infestation with Entameba histolytica, Ascaris, and the trematodes. Engel' has reported 85 cases of transient lung infiltration with cosmophilia which he felt were due to the pollen of the

privet plant

Roentgenologically considered, five main types of shadows have been described. These may be (1) extensive, irregular shadows of varying den sity and homogeneity, (2) uodular shadows, (3) multiple cystic shadows, (4) dense homogeneous shadows of lobar distribution, and (5) small in filtrations resembling the secondary tuberculous infiltrates

These shadows may be discrete or confluent, sharply or poorly defined, small or large often a single lesion, it is not unusual to find multiple and bilateral infiltrations Poculiarly, these infiltrations may come in crops, disappearing entirely, only to reappear in another area. Recurrences are frequent, often preferring the original area. The roentgenologic findings last from three to eight days, occasionally perasting for three weeks. When the infiltration subsides, it usually does so completely, although a fine, strand like shadow amulating a scar may persist. Hennell and Susman' state that a fine, oblique, plate-like shadow, which may be bilateral, is characteristic of these infiltrations and should suggest the correct diagnosis. This has not been seen in our cases. The infiltrations have been of a patchy, fairly dense type, radiating from the hilum, or a slight, interlacing, strand-like shadow similar to that seen in the reinfection phase of tuberculosis of questionable activity, or in atypical pneumonia. The common occurrence of atypical pneumonia makes it one of the first conditions to be considered in the reentgenelogic diagnosis of this type of lung lesion

Pleural effusion has been described most often in Loeffler's syndrome as a small, rapidly alsorbed, basal collection of fluid. The massive, and frequently bilateral, effusions associated with extensive infiltrations are seldom seen in the simple form of the disease. They are associated with the widespread form of vascular allergy with polyserositis, in which the cosmophilic lung lnfiltrations are but one phase of the process

The differential diagnosis of these infiltrations by roentgenologic means is not always possible. A good history is invaluable. Knowledge of long-standing allergy, especially manifested by asthma, but also by hay fever, urticama, eczema, and other evidences of a hypersensitive state, is sometimes extremely helpful Such information is often the lead that one requires to indicate that the pulmonary infiltration may be a mani-

festation of Loeffler's syndrome.

When the infiltration is in the upper third of the lung, particularly when it assumes a fan-like appearance, it is not always possible to differen tiate it from pulmonary tuberculosis Additional evidence of old infiltration or calcuffication characteristic of tuberculosis will influence the diag nosis. However, Loeffler's syndrome may occur in the presence of active or inactive tuberculosis Indeed, in Loeffler's series, some of his cases had active tuberculosis. Fortunately, the disappearance of the lesion within a week may establish the true nature of the process Roentgenographic evidence of persisting or spreading infiltration or the suggestion of cavitation favors the diagnosis of tuberculosis. Clinically, eosmophilm and a persistently negative sputum are significant.

In differentiating the roentgenologic findings in this syndrome from those in pneumonia, the problem is somewhat different. The homogeneous, dense, lobar type of infiltration may suggest a specific pneumonia, and there is little in the rocatgenogram to rule it out. The presence of an accompanying pleural cifusion is only more confusing Here the history is of paramount importance The usually acute, febrile onset of oneumonia, with its productive cough, definite illness, and well marked physical findings should be conclusive. Patients with Löeffler's syndrome are generally in good health. In the atypical pneumonias of probable virus origin, however, the infiltration is so varied, the symptoms often so slight, that even a history may be misleading. There is usually, however, a lack of homogeneity to the shadow in atypical pneumonia that may aid in its differentiation from that of Loeffler's pneumonia. It may subside more slowly. At some time during the course of the illness, fever is noted. The shadow does not disappear suddenly, but fades out gradually, with many interlacing strands, giving what has been aptly described as a "wire-hair" appearance. There is also an absence of the characteristic eosinophilia.

A small pulmonary infarct may show an ill-defined infiltration near the base of one lung, frequently with a small pleural exudate. A more extensive infarct with a pleural effusion may cause a shadow similar to that of eosinophilic lung infiltration. Here again, on first examination, it is very helpful to know that the patient has expectorated blood, or has a thrombosis of the pelvic or femoral veins. As the larger infarct heals it tends to leave a nodular shadow near the pleural surface. A small infarct may heal by leaving a dense, linear shadow which reaches to the pleura, and retracts its surface.

The syndrome of transient pulmonary infiltration with eosinophilia is now considered to be a manifestation of the allergic state 2,5-7 has been observed most frequently in asthmatics, particularly children Supposedly, the lung becomes sensitized or hyperergic, and responds to antigenic stimulation by pulmonary infiltration The presence of eosinophilia is further evidence of an allergic background The mechanism producing the infiltration has been interpreted as "allergic edema," similar to urticaria, only involving the alveoli Loeffler considered it as an internal tuberculid in a person previously sensi-Tuberculin may act as an tized to tuberculin antigen in sensitized lungs, and since most of Loeffler's work was in tuberculous individuals, it may explain why many of the pulmonary infiltrates he described were like those of reinfection tuberculosis They probably represent one type of allergic tissue reaction In asthmatics. however, the reaction may be more extensive, the symptoms more severe, and, as will be indicated later, the outcome may be grave Others 8 have considered the infiltration in the lung to be due to atelectasis, or to a selective reaction of the interstitual tissues, but these hypotheses have not been supported by the pathologic findings

Since the simple form of this syndrome is benign, pathologic reports are few. Von Meyenburg<sup>9</sup> performed autopsies on 4 patients with Loeffler's syndrome. Three were accidental deaths, while the fourth died of tetanus. He found a pneumonic type of exudate in the alveoli,

both lymphocytic and granulocytic, with large numbers of eosinophiles in the alveoli, interstitual tissues, and sputum The pleura showed inflammatory changes

The most recent contribution to elucidate the pathogenesis of eosinophilic lung infiltration has been the work on vascular allergy by Harkavy 6,7 It is a thoroughly comprehensive study of sixteen asthmatics with chronically infected sinuses, four of whom died from the course of the disease He showed that the underlying process is a hyperergic response of the blood vessels and mesodermal tissues to an antigen, such as bacteria, toxin, or virus, in an allergic individual patients showed, in addition to the cardinal symptoms of asthma, typical allergic reactions in the skin, pleura, pericardium, peritoneum, synovia of the joints, and bone marrow eosinophilia was noted in the blood and serous Biopsy in the severe, nonfatal cases exudates showed changes in the blood vessels varying from intimal thickening to necrotizing arteritis, with perivascular eosinophilic infiltration, almost indistinguishable from periarteritis nodosa least one patient, who also developed polyneuritis, periartentis nodosa was definitely pres-The changes in the lungs were those of edema of the interalveolar tissues, eosinophilic infiltration in and about the alveoli and the walls of the bronchioles In the severe cases, infarction due to thrombosis of small arteries was found

Harkavy points out that, in the nonatopic individual, such hypersensitiveness, as manifested by fleeting lung infiltration with eosinophiha, may represent allergic reaction to fundamental infection. It may explain the appearance of this syndrome in 14 out of 580 cases of tuberculosis in Loeffler's series

The work of Harkavy brings out a point of prognostic importance. In asthma due to the usual allergens, the complication of a bacterial hyperergy may cause a disease much less benigh than that usually associated with Loeffler's syndrome. The presence of transient lung infiltration with eosinophilia in such cases may be a warning of a generalized vascular allergy with panarteritis as an eventual outcome. This new significance of what was formerly considered to be an interesting, if not too important, reaction is self-evident. Remedial measures directed at sources of infection, particularly chronically diseased sinuses, become important.

Since the mild form of this syndrome is the most frequently encountered and is the type that will give the greatest difficulty in differential diagnosis, 2 fairly typical cases are reported

#### Case Reports

Case 1—A white man, aged 21, had suffered from asthma since he was 7 years of age He gave no

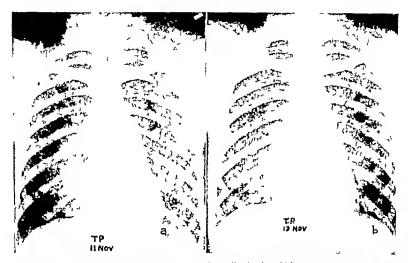


Fig. 1A. There is a dense infiltration along the right cardiac border which closely simulates that seen in atypical pneumonia. B. The infiltration has almost completely subsided two days later

history of hay fever, urtlearia, or akin diseases. During his first year in the Army he managed fairly well, but after six months of overesas training be experienced a return of his asthma, which was reheved by ephedrine. During hospitalization overseas he had an elevation of temperature to 100 6 F for twenty four hours, with some wheezing and coughing Physical examination disclosed a few noisy rhonchi in both lungs. Roentgenographic examination of the chest showed a dense infiltration in the retrocardiac portion of the left lower lobe Laboratory study showed a white blood count of 10,000 75 per cent polymorphonuciear leukocytes with 11 per cent cosinophiles Sedimentation rate was 26 mm in one hour subsiding to 10 mm, in one hour after five days. The infiltration noted reentgenographically subsided in six days

On return to the United States he was studied at Lovell General Hospital. No definite allergens were found. He had frequent sore throats, which were attributed to some necrotic areas in a large left tonsillar tab. This was treated by local measures without surgery. No other foci of infection could be found. He again showed a slight fover this time of 100 4 F, for twenty four hours. No definite Physical findings were elucited. Reenigenographic emmination disclosed a dense infiltration extending from the right hilum to the medial portion of the base of the right lung (Fig. 1B). The white blood count was 0 350 with 8 per cent cosinophiles. The sedimentation rate, which was normal on admission

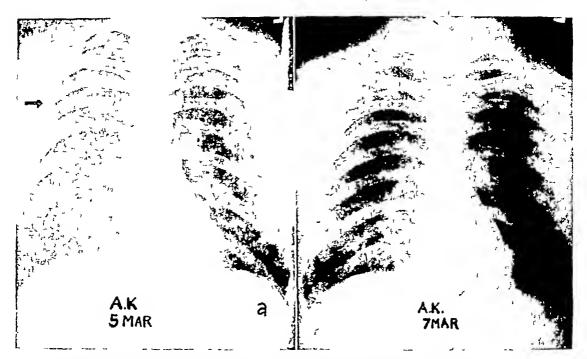
was not taken at this time.

#### Comment

The roentgenographic appearance simulates closely that seen in atypical pneumonia of probable virus origin. The infiltration is fairly homogeneous and follows the bronchovascular distribution to the right lower lobe. However, the history of asthma and rapid disappearance of the shadow makes the diagnosus of Loeffler's syndrome evident. The recurrence in the opposite lung is characteristic. The fact that no definite allergens were found, but that a focus of infection was present, would indicate in the light of recent work, that such a patient bears further study as he becomes older. A generalized vascular allergy may well develop in such a background.

Case 2 A white man, aged 24 had asthma since he reached 16 years of age and hay fever for the past several years. His asthma was most severe at night, but had not been disabling in recent years until he again experienced asthmatic episodes during combat in the Normandy campaign. Ho was heapitalized and then returned to the United States.

On admission to this hospital his history also disclosed that his mother had asthma. Physical findings were wheezing and squeaking rales in both lungs. No fact of infection were found Hose showed a marked sensitivity to dust and to cast and dog epithelia. There was a mild reaction to rag weed and moids. Roontgenographic examination on admission showed a normal chest. About a



There is a fine infiltration in the right second anterior interspace (black arrow) which could easily be considered to be due to a tuberculous infiltrate B Within two days, however, it had completely disappeared

month and a half later, he had an attack of wheezing which required adrenalin for relief Some fine rales were heard in the right lung, but his temperature remained normal. Roentgenographic examination (Fig 2A) showed a small infiltration in the right upper lobe at the level of the second anterior interspace, which subsided in two days (Fig 2B) blood count showed 11,300 white cells with S per cent eosinophiles Sedimentation rate was normal The tuberculin skin test was negative There was no recurrence of the lung infiltration

#### Comment

This case represents the problem of distinguishing Loeffler's syndrome from a tuberculous infiltrate The appearance could easily be considered to be due to an active tuberculous lesion The history suggested the possibility of Loeffler's syndrome, and the course of the illness confirmed it

#### Summary

Loeffler's syndrome of transient lung infiltration with eosinophilia is commonly associated with allergic individuals, especially asthmatics It may also be evidence of a bacterial hyperergic.

state, as in tuberculosis or other chronic infec-Roentgenologically, it offers a problem in differential diagnosis from the commonly seen lung lesions, particularly tuberculosis, virus pneumonia, and pulmonary infarct The history of an allergic state is of distinct value in correctly interpreting the underlying pathologic process as revealed by a rather variable shadow in the roentgenogram

Prognostically, it should be appreciated that, in certain individuals, the syndrome may not be an indication of benign allergy, but evidence of a generalized vascular allergy which may show irreversible changes leading to panarteritis and polyserositis

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#### INHIBITION OF DENTAL CARIES BY INGESTION OF FLUORIDE-VITAMIN TABLETS

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R EPORTS by Dean' and Dean, et al, have shown that the incidence of dental caries in communities supplied by fluorine-containing water was significantly lower than that of neighboring populations with fluorine-free water supplies.

Studies of a similar naturo 44 have supported

tids view

Tho mechanism of caries inhibition by drinking flaorine-containing water is not ontirely clear It is the purpose of this communication to present the results of some clinical studies with a view to shedding more light on this intricate

problem

It is a known fact that children suffering from nckets do not recover by the increased intake of calcium and phosphorus alone Apparently vitamin D is a necessary adjunct. Also in the bealing process of bono fractures vitainins C and D in the presence of an increased intake of calcium and phosphorus bring about a more rapid formation of callus than in the absence of these vitamins.

In view of these facts it appeared important to institute a controlled study to determine whether fluorine alone was responsible for carres inhibition or whether certain vitamins were also

necessary in the mechanism

In a clinical trial of this nature, it is important to select children of a definite age group, kept under similar conditions of diet, housed preferably in the same home, and each child having at least three cavities per mouth as judged by the

Accordingly an orphanage was selected in Three Rivers, Quebec, which is supervised by the Provincial health authorities and maintains physicians and dentists to look after medical and dental needs. In this study 171 children be-These tween the ages of 8 and 13 were selected were divided into three groups of 57 each. The sexes were divided equally for each group expenence lasted for an months and the study was limited to permanent teeth Two types of tablets were prepared

A yellow tablet containing 8 mg of calcum fluoride, 30 mg of ascorbic acid, and 400 units of vitamin D as calciferol

2 A white tablet containing only 3 mg of calcium fluoride

Group A received the yellow tahlet, one per day, which was chowed and swallowed, group B received the white tablet Group C served as the control and did not receive any tablets

The results were as shown in Table 1

On the basis of this experience it will be observed that ordinarily one might expect a 40 per cent increase in the number of cavities in the untreated group When calcium fluoride was given to a similar group the increase in carles was reduced to 27 per cent and when vitamins C and D were combined with the tablet the incidence was reduced further to 24 per cent

It would appear that the determining factor was the calcium fluoride However, it was learned sometime after the experiment was completed that all children received a daily ration of cod-liver oil throughout the experiment. This might explain in part the similarity in caries in-

hibition between groups A and B

A second clinical trial was luitiated in the same territory, but only sixty children could be studied in this institution because only this number could be found between the ages of 8 and 13 having on the average three cavities per mouth. The housing conditions, diet, etc., were similar to those in the previous experiment. In view of the smaller number of children only two groups were studied, that is, thirty children were given one yellow tablet per day and the other group of thirty served as controls and did not receive any tablets at all. This experience lasted for eight months The results were as shown in Table 2

It will be observed that in this institution the untreated children had about twice as many cavities at the end of the experiment as at the beginning, an increase of 95 per cent as compared to 40 per cent in the previous experiment. Even though this experiment ran two months longer than the previous one, a proportionately higher increase in incidence of caries in the treated group might be expected. This was not the The increase dropped to 10 per cent as compared to 25 per cent in the first experiment.

In addition to these two clinical trials, tablets were given to a number of dentists who were to distribute them to selected nationts, that is, to boys or girls between the ages of 8 and 16 in families of two, four, six, or eight children where only half of the members in each family were treated and the other half served as controls The living conditions were uniform for each family but naturally varied from house to house.

Some dentists were given only white tablets,

TABLE 1

Group	No of Children	Color of Tablet	No of Cavities Before Experiment	No of Cavities After Six Months	Inc No	rease Per cent	No Exposed Pulps
A B C	57 57 57 57	Yellow White	105 115 106	131 146 149	26 31 43	24 27 45	17 20 27

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1.4	DI.	ıcı.	_

Group	No of Children	Color of Tablet	No of Cavities Before Experi- ment	No of Cavities After Eight Months	Inc No	rease Per cent
II	30 30	Yellow	107 90	118 176	11 86	10 95

that is, only calcium fluoride, while the others got the yellow, that is, fluoride-vitamin combination The results were as shown in Table 3

TABLE 3

Group Children Color A 68 Yellow B 73 White C 140	No of Cavities Before Experi- ment 198 207 453	No of Cavities After Eight Months 224 279 748	Inc No 26 72 295	rease Per cent 13 35 65	•
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In this group not all children received supplementary cod-liver oil and therefore a significant difference was observed between the three different groups, particularly between groups A and B

A consolidated table on the three experiments presents the figure in Table 4

#### Discussion

Children between the ages of 8 and 16 not receiving fluorine in their water or food may expect on the average an increase of 40-65 per cent in the incidence of dental caries Fluorine alone in a concentration of 10 parts per million in the water or 3 mg of calcium fluoride in tablet form will show a decrease in the incidence of caries Whether this decrease is due to fluorine alone or whether the treated children were not deficient in vitamins C and D is not clear However. when these vitamins are added (equivalent to the daily requirement) to the optimal amount of fluorine (as calcium fluoride) a significant reduction is noted These results might be explained on the basis of synergism

No toxic effects were noted in any of the treated children, nor, as expected, did mottling of enamel follow the use of either the white or yellow tablets The ingestion of fluorine in concentrations over 18 parts per million does not cause mottling

TABLE 4

No of Cavities Before Experi- ment 410 322 649	No of Cavities After Experi- ment 473 425 1073	Inc No 63 103 424	rease Per cent 15 32 65
	Cavities Before Experiment 410 322	Cavities Before Experiment 410 473 322 425	Cavities         Cavities           Before         After         Inc.           Experiment         Experiment         No           410         473         63           322         425         103

of the erupted tooth but may do so when high voncentrations are taken in the formative stage of tooth development 6

In 1914 Gautier<sup>7</sup> suggested that fluorine existed in the teeth in the chemical form of "apatite" The fluorapatite molecule is composed of calcium and phosphorus with a fluorine link. This idea has been furthered by McClendon, who observed that dental enamel was harder than simple calcium phosphate

If in bone formation vitamins C and D are required for the proper laying down of calcium phosphate, it is quite conceivable that the same vitamins are necessary for the laying down of fluorapatite. This view is apparently supported by the results of the clinical trials. In those areas where fluorine is found in the water supply no distinction was made between those children who may have been deficient in vitamins C and D and those who were not. Living in areas where citrus fruits and sunshine are abundant would easily satisfy this need.

Fluorapatite can be laid down as such in teeth in the developmental stage of tooth formation. Thus, after eruption such teeth would apparently be relatively immune to caries. If fluorine and vitamins are taken after the enamel has been completely formed and the tooth erupted, it is quite conceivable that fluorapatite may be adsorbed on the surface of the enamel of teeth, due to its presence in the saliva following chewing and ingestion of the tablets.

Studies of Machle and his coworkers show that 90 per cent of ingested fluorides are excreted in the urine Lansbury points out that fluoride may also be excreted by the bowel, and through perspiration. However, some is excreted in the saliva, the teeth are bathed in this fluorapatite-containing saliva, and the latter is swallowed. This mechanism repeats itself throughout the day. In a period of six to eight months, it is

possible that sufficient fluorapatite is adsorbed on the tooth surfaces to inhibit dental caries

It was also noted that teeth sensitive at the gum margin were rendered insensitive to heat and cold several months after treatment with the vitamin fluorido tablet.

Jay<sup>11</sup> has pointed out the rednoton in numerical count of lactobacilli following fluorine ingestion. It is also known that fluorine is ensyme inhibitor, consequently the concentration of lactic acid in the mouth would be markedly reduced Bibby<sup>12</sup> and Knutson and Armstrong<sup>13</sup> have shown a reduction in caries rate following topical application of high concentrations of sodium fluoride.

Apparently caries in teeth can be controlled by various means. In this communication a practical approach to the problem is presented. Fluorinstion of water supplies is not entirely satisfactory, since some children drink one glass of water per day and others six or more. The fluorine would also be found in the cooked foods, such as milk, fruit, and vegetables. Control of fluorine intake is very difficult by this means.

However, with the use of the tablet the daily requirement of vitamins C and D combined with optimal concentrations of fluoride are satisfied

and controlled

If these tablets are dispensed in containers of thirty, there is no fear of toxic effects because 90 grains mg. of calcium fluoride, even if taken at one time, will not impair the life of the child

"Cumulative effect of fluoride has not been noted, since 90 per cent of the material is excreted in the unne. It has been noted that workers in cryclite factories continue to excrete fluorine after transfer to other industries

#### Summary

1 The suggestion is offered that there are other factors apart from fluorine ingestion which aid in the prevention of dental caries

2 These other factors may be vitamins C

and D, acting synergistically with fluorine.

3 Fluorapatite may be adsorbed on the surfaces of tooth enamel and is resistant to bacterial decomposition and lactic-acid digestion

4 Fluorination of water is not very practical, since the water intake varies with individuals.

5 Fluorine combined with vitamins C and D in the form of a tablet or loxenge offers a means which controls the amount of fluorine to be ingested.

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#### MECHANICAL HEAD USED TO TEST OVIGEN MARKS

A mechanical bead that breathes and can smoke, a practical device for testing oxygen masks and heated coverings for use at the extreme low temper atures encountered by airplane crows at high altitudes was displayed to a selected group of scientists in New York by the General Electric Company, in whose laboratories at Bridgeport, Connecticut, it was constructed.

This mechanical device has recently been placed in use by the Army Air Technical Service Command at Wright Field, Ohio, where the idea was developed

and specifications prepared.

The mechanical head resembles the buman head in size and shape. A rigid skull of wood maintains the contour of the face, while a layer of "fiesh" made of synthetic rubber spongo simulates the resillency of the human tissues so that the mask fits closely Heating wires are laid on the sponge tissue, and over this is placed a synthetic rubber akin. When electrically heated it simulates the thermal proper ties of the human face. Breathing is simulated by electrically controlled artificial lungs.

When used in testing, the breathing head, equipped with an oxygen mask is placed in a chamber with a temperature as low as 60 degrees below zero Fahrenheit, if desired, and is operated by genote control from an instrument board in a comfortable room. It roplaces human beings formerly used, who often suffered discomfort and danger from the extreme cold. Also it permits testing under conditions much more severe than is possible with humans.—Science News Letter June 10, 1045

### RESULTS IN THE TREATMENT OF SKIN CANCER

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NO OTHER malignant growth responds so favorably to treatment as does skin carcinoma. In most instances permanent arrest of the disease can readily be effected with either irradiation, electrocoagulation, or surgery. Advocates of the various methods claim superiority for one over the others. However, each method has its advantages and its choice often depends upon the technical ability of its employer.

#### Diagnosis

Clinically, skin carcinomas can be divided into two groups (1) the more common basal cell, and (2) the more lethal squamous cell These two varieties may frequently be differentiated on the basis of their macroscopic morphology majority of basal-cell carcinomas are slow growing, superficially ulcerated, relatively soft, and frequently crusted Ewing<sup>1</sup> describes them as lesions whose edges are raised, nodular, indurated, pearly, and constantly hyperemic Squamouscell carcinomas display a more rapid growth, are firmer, more infiltrating, and often are hornified While both types may invade adjacent tissue. basal-cell carcinomas almost never metastasize. whereas squamous-cell carcinomas are not uncommonly associated with regional adenopathy. especially in those cases in which the primary lesion occurs on the extremities Basal-cell carcinomas are found most frequently about the head, especially on the forehead, nasolabial folds. inner canthi, eyelids, and cheeks, less commonly above the hairline or below the neck, and rarely on the extremities Squamous-cell carcinomas are noticed primarily on the mucocutaneous junctions, ears, and extremities

It is important to stress that any ulceration of the skin which persists for more than two weeks should be considered carcinoma until proved otherwise. This proof can be obtained only by biopsy. There is no contraindication to performing biopsy on an ulcerated lesion. The specimen should be taken from the edge of the lesion and need be no larger than 2 to 3 mm. in size.

All skin carcinomas, however, are not represented by ulcerations. A relatively common form of basal-cell carcinoma is the smooth, pale, pearly nodule covered with fine telangiectatic vessels. The counterpart of this lesion in squamous-cell carcinoma is the irregular, exuberant growth

Many basal-cell carcinomas arising from preexisting keratoses appear as superficial ulcerations covered with a crust and not infrequently have a history of renewed growth following trauma

#### Treatment

In the treatment of skin cancer about the face, irradiation is the method of choice. The reasons for its preference are a better cosmetic result, simplicity of application, painless procedure, no incapacity while under treatment, and permanent arrest of the disease. We have obtained almost 100 per cent five-year cures in a total of 267 cases treated from 1936 to 1945 at the Radiation Therapy Department of Queens General Hospital

It is important in irradiation of skin carcinoma that a cancericidal dose be given in the first attempt at therapy, preferably at a single sitting. The divided-dose method of therapy; or protracted radiation may be used in large lesions when the dosage cannot be accurately established at the initial treatment.

There is little difference in the therapeutic result when either radium or roentgen rays are employed. However, with the application of radium a smoother scar is obtained, since there is a shading off of the rays about the lesion, while with roentgen therapy, when the lesion is carefully screened there is an abrupt edge to the irradiated field. In nonambulatory patients, where the modality must be brought to the patient, radium is found to be the only method of treatment.

Radium —Radium or radon may be employed in various applicators

- 1 Radon glass bulbs or seeds
- 2 Radon gold seeds
- 3 Radium or radon tubes
- 4 Radium or radon in molds

Glass radon bulbs, 5 mm in size, or glass radon seeds, 10 mm in length, varying in strength from 10 to 200 millicuries, may be used in the treatment of precursor lesions and small, superficial basal-cell carcinomas. These applicators should be applied directly to the lesion and held in place for three to thirty minutes until a dosage of 300 to 600 millicurie minutes has been administered, depending upon the size and extent of the lesion With this type of applicator it is the caustic beta rays which are responsible for the lethal effect

Gold radon seeds may be applied directly on a lesion with collodion or inserted into its depths. The seeds are advantageously used in small lesions (1 cm or less) on an irregular surface. In a flat lesion (1 cm square) four gold seeds, 1 milli-

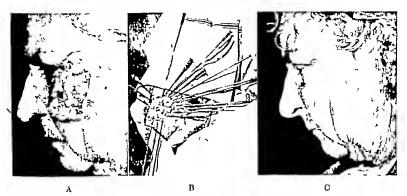


Fig 1 Case 1 A Woman 70 admitted on February 2 1940, with a 5 by 7 by 2 cm, leanon on the left aide of the face fixed to the underlying bone. Duration One year Histology aquamous-cell cardinoma, grade 1 plus Therapy 30 or daily for a total desage of 10,200 r Factors 200 kilovoits 50 cm, focal skin distance, filtration 1/2 copper and 1 aluminum for the first 6,300 r, then 140 kilovoits, 30 cm focal skin distance and 3 aluminum filtration for the romainder

By On March 23, 1940, twenty gold seeds each 0 5 millicurie, were inserted circumferentially into the residual tumor for a desage of 1 330 millicurie hours.

C Lesion has remained bealed, July 1945



Fig. 2. Case 2. A. Woman, 69 admitted on June 17 1937, with an irregular infiltrating ulceration, 2½, by 3½, cm. destroying the inner canthus of the right eye and involving both eyelids. Histology basal-cell cardinoma. Therapy with an eye-shield placed beneath the cyclids 3,500 r of unfiltered radiation administered at one sitting, using 100 kilovolts.

B No evidence of local disease when last seen in May 1945.

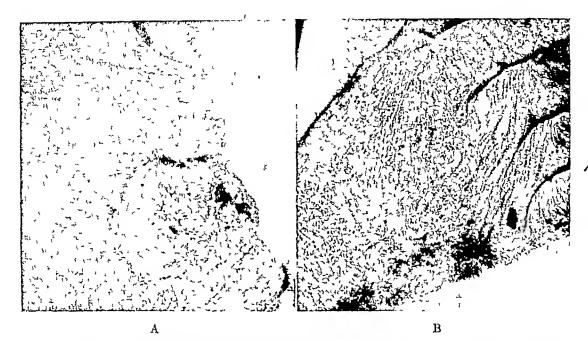


Fig 3 Case 3 A. Man, 82, admitted on November 16, 1938, with a 4 by 7 by 1 cm advanced carcinoma of the skin of the right hand Histology squamous-cell carcinoma Therapy 800 r daily for a dosage of 4,000 r, then 400 r daily for a total dosage of 8,450 r Factors 100 kilovolts, 25 cm focal skin distance, no filtration

On January 15, 1939, seven gold seeds, each 1 millicuric, were inserted under the raised keratotic border for a dosage of 910 millicuric hours

Lesion healed, July, 1945

curie each, may be placed with collodion equidistant about the growing edges of the lesion and remain until 2 3 millicuries have been destroyed, approximately 300 millicure hours In addıtion, the distribution of the radiant energy is more homogeneous in such an arrangement interstitial therapy is utilized, the eradication of a lesion 0.5 cm in diameter may be accomplished by the insertion into the depths of the tumor of one gold seed of 2 millicuries, while a lesion measuring 15 cm warrants the insertion of three gold seeds having a total value of 5 millicuries

A third method of applying radium is in the form of lead or platinum tubes placed directly on the lesson and held in position with adhesive The dosage varies from 150 to 300 milligram hours per square cm If the lesion is bulky (over 5 mm), it is advisable to use radium at 1 cm dis-This is accomplished by applying the tubes over a mold of dental compound distance of 1 cm, using 1 mm platinum filtration, about 1,500 milligram hours are required for a lethal effect If infiltration is marked or there 18 beginning adherence to cartilage or bone, a dosage of approximately 2,000 milligram hours is indicated

X-Ray Therapy—The roentgen ray may be utilized in much the same fashion as radium If a caustic type of radiant energy is desired for superficial lesions, direct contact therapy (Chaul) or unfiltered radiation of 100 kilovoltage may be employed If one follows the principle of using the maximum lethal amount of irradiation that is just compatible with healing, the greatest number of permanent arrests can be effected dosage is accepted to be approximately 4,000 r units delivered at one sitting. The treatment portal should correspond closely to the area of disease and should be blocked off accurately with It is in the bulky forms of lead rubber or foil skin cancer that roentgen rays take a preeminent place In this type of lesion a higher voltage (120 to 140 kilovoltage) and a heavier filtration (2 to 4 mm aluminum) are utilized The dosage when given in a fractionated manner may exceed 5,000 r

Low-voltage therapy is most effective in treating lesions on and about the eyelids After the eyeball has been anesthetized a lead shield is placed beneath the eyelids The skin adjacent to the carcinoma is carefully protected with lead foil and the x-ray beam centered so that it will converge on the lesion and yet be directed away If the above precautions from both eycballs are observed, a dose varying from 3,500 to 4,000 r may be given with safety. With careful screening of the radiant beam, x-ray has a marked advantage over radium when little protection can be offered to sensitive adjacent structures protection egainst gamma-ray activity heavy, impractical thicknesses of lead ere necessary, while with low-voltage therapy lead foil, 0 5 mm thick, absorbs the x-ray beam

Electrocoagulation —If radium or roentgen therapy is not available, small superficial carcnomas can easily be destroyed with electro-The practice of inadequete fulguracoagulation tion followed by sublethal doses of irradiation is often productive of residual or recurrent disease Therefore, it is advisable not to combine two sublethal remedies with the assumption that complete disappearance of the disease may thus be effected. If a lesion is completely destroyed by fulguration, the addition of radiation offers no benefits, producing only a depressed scar

Another important role of electrocoagulation is in the treatment of recurrences following irradiation In these postradiation recurrences, the tumor bed is evascular so that further therapy with radium or x ray is usually not beneficial

Surgical Procedure —Use of the cold knufo is limited mainly to carcinomas of the extremities, due to the notoriously radioresistant character-These lessons are usually bucs of these tumors low-grado squamous-cell carcinomas and may be covered with thick cormined surfaces. The incidence of regional nodal involvement is relatively high and in selected cases meticulous regional block dissection is advisable. In this connection Pack and Livingston's state "The decision to be made concerning prophylactic dissection of regional lymph nodes when there is no clinical evidence of their involvement must be influenced by the fact that 24 per cent of the patients admitted with endermoid carcinomas of the hands and feet and without palpable lymph nodes in axilla and groin subsequently developed nodal motastases while under observation " We have found irradiation to these regional sites to be of dnbious value, but if given at all, it must be continued until a sharp epidermitis appears

Another indication for the use of the scalpel is in cases of postradiation ulceration which have failed to beal under conservative measures there is any doubt as to the entire removal of the local disease, plastic repair should be delayed for nt least ax months lest recurrence occur

#### Summary

 The two varieties of skin cancer, basal and squamous, are presented bere with illustrations before and after treatment.

Any akin ulceration, small as it may be, if persistent, should be suspected of malignancy unless repeated biopsies are negative.

Three methods of treatment, irradiation, electrocoagulation, and surgery, are utilized in skin cancer The results, however, depend not so much upon the choice of a modality as upon its proper use

The common skin lessons should be treated with irradiation rather than with surgery or electrocoagulation.

5 Surgery is indicated in skin carcinomas of the extremitles, with special advantage in ulcerations that do not beal under ordinary care.

> 80-24 Broadway Jackson Heights

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#### CHEMICAL FROM MUSHROOMS FOR TREATING POISON IVY

A chemical from mushrooms may in future be-come a remedy for ivy poisoning, Prof Irwin W Siser and Clemens E. Prokesch, of Massachusetts

Institute of Technology, report in Science

The chemical is tyresinare, an ensyme found not only in mushrooms but in other plant and animal tissues. It is the one responsible for darkening of, potatoes and bananas when left exposed to air

One of the better methods of treating skin poison ivy, the scientists point out involves oxidation of the poison with strong oxidants such as for poison with strong oxidants such as ferric chloride and potassium permanganate. Believing that the same results might be obtained with innocuous agents such as enzymes, the scientists tested the effects of tyrosinase

In four of their numerous experiments they put poison ivy plus tyrosinase on the skin of human volunteers for four hours. Another part of the skin was treated in the same way except that the tyrosin ase had first been innetivated by boiling. The area treated with the active ensyme showed much less skin irritation than the control area treated with the inactivated tyrosinase.

"If successful results can be obtained in the future by applying the enzyme some time after the toxicant (poison iv; irritant) has reacted with the akm even after crythems has been produced, the scientists state, 'then a new method of treating poison ivy dermatitis will be available."—Science News Letter, May 26, 1945

### REITER'S DISEASE—REPORT OF A CASE SUCCESSFULLY TREATED

ABRAHAM STRACHSTEIN, MD, New York City

R EITER, in 1916, described a rare syndrome here-tofore unrecognized. This disease, now bearing his name, always manifests itself by an ever-constant triad of symptoms—urethritis, conjunctivitis, and arthritis—Since then there have been reported in the literature about 60 cases

The cause of this disease is as yet not clearly understood Reiter was of the opinion that the causative factor is the Spirochaeta forans, which he claimed to have found in the blood. However, no other investigators were ever able to duplicate his findings

It is a self-limited disease which usually persists from one to five months and in some instances longer. It is found to affect most frequently young men in military service, but men in civilian life are by no means exempt. Besides the symptom triad mentioned above, there is also a persistent low-grade fever uninfluenced by drugs, as well as persistent night sweats.

The urethritis may be the first symptom to appear It is manifested by a purulent discharge which clinically may resemble a Neisserian infection. However, neither repeated microscopic examinations nor cultures ever reveal the presence of any micro-organisms. The urethritis bears no relation to any sexual exposures. This may be further complicated by other lesions, such as periurethral ulcerations, prostatitis, prostatic abscess, cystitis, and vesiculitis. It occasionally produces renal infections of considerable severity.

The conjunctivitis, which may also be purulent in nature, may at times be the first symptom to appear. The smears and cultures from the conjunctivae reveal no different findings than those obtained from the urethra. Complications, such as intis and keratitis, have been reported. The conjunctivitis may gradually subside in a few days or weeks, but may recur later.

The most annoying and troublesome symptom of the triad is the arthritis. In some instances only one joint may become involved, but polyarthritis is not at all uncommon. It is often migratory and extremely painful so that the patient becomes bedridden

The arthritic symptoms persist for a period of one to five months. Remissions and exacerbations may occur. Although no permanent injuries to the joints is the rule, a few cases of permanent joint disability have been reported.

There is moderate leukocytosis, ranging from 10,000 to 20,000 white blood cells. A rapid sedimentation rate is present. Urine and blood cultures reveal no growth.

#### Treatment

Reiter originally used aspirin and neonrsphenamine in moderate doses, to combat the S forans which he cultured from the blood of his patient However, the arsenicals have not proved effective in his hands or in the hands of other investigators. Bauer and Engelman<sup>3</sup> used sulfamilamide in their

cases, but without effect Colby found penicilin and the sulfa drugs to be of no use

The following case, which was successfully treated by us, is herewith reported

#### Case Report

I M, a 38-year-old white married man, came under my observation. After uneventful treatment by his family physician, the patient was admitted to the Wickersham Hospital (No 22368) on December 12, 1944. His chief complaints were urethral discharge, painfully inflamed joints, and conjunctivities

Past History—The patient had had a specific urethritis fifteen years ago which had been successfully treated without any complications. The present illness began on December 1, 1944, twelve days prior to the admission to the hospital. At that time he suffered from a profuse urethral discharge, he had no dysuria. He denied any extramantal exposure. He was treated by his family physician with sulfa drugs and penicillin without any beneficial effects. When referred to us, the picture had not altered much. He still showed the presence of the urethral discharge. Repeated smears failed to reveal any gonococci. He was given 4 Gm of sulfadiazine daily without affecting the discharge in the least. Two days later he complained of pain and swelling in the metatarsophalangeal joints of the right foot. This was followed by conjunctivities of one eye and then the other. The arthritic symptoms became worse and migratory in character. He was running a low-grade fever and complained of profuse night sweats. A diagnosis of Reiter's disease was made.

On admission, the conjunctivitis was still active. The small joints in the right foot were involved so that walking was impossible. Soon the right knee became painfully involved and then the left shoulder joint. A profuse yellowish urethral discharge persisted. Repeated examinations again failed to show the presence of any organisms. A culture of the discharge and blood showed only Staphylococcus albus. The temperature on admission was 100 2 F, white blood count, 8,000, with 91 per cent polymorphonuclears. His general condition was good Physical examination, other than enumerated above, was negative. His blood pressure was 120/70

Physical examination, other than enumerated above, was negative. His blood pressure was 120/70 In discussing this case with Dr Bernard Levine, of Beth Israel Hospital, he related his experience with an unreported case of Reiter's disease. His patient received large doses of sulfadiazine but without effect on the disease. Only after the patient experienced a strong febrile reaction from the drug did the symptoms begin to subside. This induced me to use artificial fever therapy in this case.

The patient was injected gluteally with 10 cc of milk which had been boiled for ten minutes. About four and half hours later he experienced a severe chill and a rise in temperature to 105 F. This continued through most of the night and slowly subsided toward morning to 101 2 F. That same morning it was noticed that the urethral discharge had completely disappeared. His urine cleared up. The arthritis symptoms, although somewhat better in some joints, showed fresh involvement of the right shoulder. He was put on large doses of saheylates.

for ax days but without effect. On December 18 six days after the first injection, he received another one, this time only 6 ec of milk boiled for ten minutes. The patient again experienced a severe chill and a gradual rise in temperature to 104.6 F The next morning the temperature ranged from 99 6 to 100.2 F The patient was ogreeably surprised to find that he was completely free from any arthritic pains. He was discharged from the hospital on December 24, 1044.

He was seen five days later Temperature was normal, urme clear, he was free from arthritic poins, and the conjunctives were clear. This case was followed up for eight months thereafter and was found to be free from any of his previous allmonts.

and was attending to his usual vocation

#### Comment

Dr Levine's patient and my own had both been treated previously by the same methods as were

others, without success. His patient improved only after he bad experienced a febrile reaction. The case herein reported was definitely and dramatically relieved by the induction of fever therapy and has shown no signs of recurrence in eight months. The patient has had no complications or any permanent joint disabilities.

133 East 58th Street

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4 Colby H. Fletcher J Urol. 52 415 (1944)

#### INTRASTERNAL ADMINISTRATION OF PENTOTHAL SODIUM

SAMUEL L. LIEBERMAN, CAPT, (MC), Buffalo, New York

DURING the New Georgia campalgn in the central Solomons, a wounded Japanese prisoner was admitted to our collecting station. After several unsuccessful attempts at ventpuncture, a sternal puncture was performed with a 17-gage needle. An infusion of normal saline was started.

Shortly thereafter, pentothal sodium was used for induction and maintenance of surgical anesthesis for thirty minutes. A 3 per cent solution of pentothal was intermittently injected into the sternal bone marrow via the saline infusion previously set

Induction and maintenance of anesthesis was similar in every respect to intravenous administration. The patient became drowsy within one minute of the initial injection of about 70 mg, of pentothal. We noted particularly the time interval. The patient's reaction to each pentothal injection was just as rapid as to an intravenous injection. This was demonstrated repeatedly, and indicated how quickly medication injected into the sternal bone marrow enters the general circulation and reaches the brain. A total of 400 mg, was employed. The patient recovered from the anesthesia in the usual manner, but seemed excessively droway for about four hours after the operation. We attributed this to marked futigue from three days' constant exposure in the field. The intramedullary administration of pentothal in this case was entirely satisfactory

#### CUT THE NOISE

Up to the present time, scant attention has been given to the elimination of unnecessary noise in industry

From the standpoint of the employee's increased efficiency resulting in greater productivity on the one hand and larger profits accruing to employers on the other, more strention should be focused on the elimination of unnecessary polso.

Pre-employment physical examinations, including accurate hearing tests with audiometers, which should be routine in all industrial organizations, are necessary to the proper physical classification of workers in suitable employment. Upon examination, those who are found to have marked hearing defects should be placed in the typo of work where good hearing is not essential to the safety of them selves and others.

There is evidence that extremely loud noises have permanently injured parts of the ear, resulting in hearing impairment. Functional disorders of this central nervous system may also be caused by noise, resulting in irritability and less harmonous in-plant relationships, stomach disorders, and fatigue. In attentivenes, lack of interest in the joh, absentee-ism, and a higher accident rate may also be in fluenced by lond noises.

Undescrible noises can be reduced by isolation, an example of which is the use of damping pads for vibrating machines, insulation to enclose many machinery, the use of sound-absorbing material on walls, cellings, and floors, and good maintenance so that repairs on machines and equipment can be made quickly and efficiently By applying good engineering practices, noise can be reduced with comparative case.

There is need for a much wader application of these methods in industry. This is a matter which should be of vital concern to industrial organizations because there is evidence that noise impairs the health of employees, the result of which is decreased efficiency and output. It is the responsibility of county medical societies and individual physicians to cooperate with industry in these problems —Wisconsin M. J., July, 1045.

# Additional Annual Report

# To the 1945 House of Delegates Medical Society of the State of New York

### Report of the Planning Committee for Medical Policies-1945

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#### Appendices

Constructive Program for Medical Care, American Medical Association Analysis of the Hill-Burton Bill, prepared by the Bureau of Legal Medicine and Legislation, American Medical Association

Note —Attention is also directed to the testimony made February 28 to the Senate Committee on Education and Labor by Dr. R. L. Sensenich, member of the Board of Trustees of the American Medical Association, and Dr. Victor Johnson, secretary of the Council on Medical Education and Hospitals of the American Medical Association, on Senate Bill 191, which appears in the Journal of the American Medical Association of March 17, 1945

Part I—Report of Preliminary Study by Subcommittee on Laboratory Service and Medical Care\*

The Hospital Forum

To the House of Delegates, Gentlemen

Organization—The House of Delegates, at its annual meeting held in New York City May 8, 1944, recommended that the Planning Committee for Medical Policies set up by the House at its 1943 meeting be continued for the current year

"The Reference Committee recommends the continuation of the Planning Committee for Medical Policies on the same basis as last year"

The organization of the Committee was on the same basis as the preceding year, namely, the President, the President-elect, the Secretary, a member of the Board of Trustees, the Speaker of the House, and six members appointed at large by the Speaker The Speaker, Dr Louis H Bauer, reappointed the same six who had served in 1943. The personnel of the Committee, therefore, was made up as follows when it held its first meeting on Tune 29, 1944 the Speaker's effect of 202 Marketing on the committee of the same six who had served in 1943. June 22, 1944 at the Society's offices at 292 Madison Avenue, New York City Drs. Herbert H Bauckus, Edward R. Cunniffe, Peter Irving, Thomas M Brennan, Louis H Bauer, George W Cottis, J Stanley Kenney, Norman S Moore, Walter W Mott, Leo F Simpson, and Herman G Weiskotten. As was the case lest year Dr. Laurenge D. Red.

As was the case last year, Dr Laurance D Redway, Dr David J Kaliski, Dr Robert R. Hannon, and Mr Dwight Anderson were invited to all the meetings In addition, Dr O W H Mitchell and

\* Parts II and III—available at the office of the Medical Society of the State of New York, for consultation.

Dr F Leslie Sullivan were present at two of the meetings because of their special interest through their own committee studying the problem of These gentleregional centers and diagnostic aid men contributed much valuable information and data which have been of mestimable assistance to the Committee

The Committee lost through death one of its most revered and esteemed members, Dr Peter Irving, in December of 1944, and his place has been taken by our present Secretary, Dr Walter P Anderton Dr Thomas M Brennan resigned after the first meeting, and this vacancy was filled by Dr Albert A Gartner Dr Gartner gave of his experience and talents until his serious illness in January of this talents until his serious illness in January of this year forced his temporary discontinuation of active work. We are happy to report that he has regained his health and is back with us again

Dr Joseph S Lawrence, our former Executive Officer and now serving in a similar capacity for the American Medical Association's Council on Medical Service and Public Relations in its Washington office, attended our first two meetings, and while he was unable to be present at the subsequent ones, he kept us informed, by mail and otherwise, of the progress of legislation and other medical activities in the national capital We gratefully acknowledge our appreciation of his cooperation

At the Committee's first meeting in June, 1944, Dr Louis H Bauer declined re-election as Chairman, but continued to serve on the Committee

Dr J Stanley Kenney was elected Chairman, and

Dr Peter Irving, Recorder

The Committee held five general meetings in all and studied a large range of topics. In addition, your Chairman has held a number of conferences with agencies, other groups, and individuals interested in medical policies and has made two trips upstate in pursuance of these activities. He also attended three meetings in New York City of the Subcommittee on Laborator, Services and Medical Care of the Committee on Public Health and Educa tion, which has been making a survey on the recommendation of the Planning Committee last year, on the need for centers and diagnostic aid to physicians throughout the State of New York.

#### Preamble and General Scope of Studies

The abrupt termination of the war with Japan approximately three months after the cossation of bostilities in the European theatra has again brought into focus the large problems involved in the methods of distribution of medical care Your Planning Committee feels we must evolve at the present time a program as forward-looking and adequate as possible to meet this demand if we truly desire to maintain our system of free enterprise and to preserve the fine tradition of American medical prac-

Powerful sectors of public opinion, particularly those close to government, are highly organized. These pressure groups would force a legislative program of federally sponsored medical care probably compulsory which mediane would have to accept. Such a program we know would be defin itely mimical to the public welfare. To anyone giving serious thought to the subject,

the trends toward national socialism everywhere are clearly evident. Collectivism is on the march both in England and in this country, and the results of the recent political victory of the Labor Party in Great Batain and the National Socialist government which is now set up are bound to have repercustons in this country Organized medicino would seem to be the only integrated and influential would seem to be the only integrated and intuential group that still remains to oppose this dangerous situation, and we must maintain a united frant in order to win this struggle. That forceful and important lattle book, "The Road to Serfdom," by Prof Friedrich A. Hayek, assays these tronds in n masterful fashion. ful fashion

"There is one aspect of the change in moral values brought about hy the advance of collectiviam which provides special food for thought. It is that the virtues which are held less and less in esteem in Britain and America are procusely those on which Anglo-Saxons justly prided themselves and in which they were generally recognized to excel virtues were independence and self-reliance individual initiative and local responsibility, the successful reliance on voluntary activities noninterference with one's neighbor and tolerance of the different, and a healthy suspicion of power and authority

"Almost all the traditions and Institutions which have molded the national character and the whole moral climate of England and America are those which the progress of collectivism and its centralistic tendencies are progressively destroying.

In our own country the Wartime Health and Education Subcommittee of the Committee on Education and Labor of the U.S. Senate has been conducting for a long time studies and hearings covering the whole broad aspect of public health and medical care, and in its Interim Report of

January, 1945 it stresses local initiative and control in achieving a health program

"Health programs should be drawn up hy state planning commissions in cooperation with local authorities. Such commissions consisting of reprecentatives of professional groups and the public could be appointed by governors in states where they do not now exist."

In this state two such commissions have already been established and are, as far as our information goes, nearly ready to report. They are the Health Preparedness Commission, established by the Legislature, of which Mr Lee B Mailier, a hospital superintendent is Chairman, and Governor Dewey's Temporary Commission for the Study and Distribution of Medical Care of which Dr Basil C MacLean, of Rochester, also a hospital adminis-trator, is the Chairman On March 7 1945, shortly before the adjournment of the last Legislature, there was introduced into the Assembly, as a basis for further study toward the goal of enacting a state medical care system into reality, a hill by Assembly-man Irving M Ives which would create a new state health service fund from which eligible persons could draw to pay certain medical expenses, proposed that later this year the Joint Legislative Committee on Industrial and Labor Conditions (Mr Ives, Chairman) hold hearings on this medical care plan with a view to encourage changes and amendments before this measure comes up for consideration at the next annual session of the Legisla ture. Finally, Governor Dewey, in his annual message last January, reiterated the need for "a workable plan for hroadening the availability of medical services and hospitals while at the same time preserving the integrity and freedom of the medical profession."

These are sufficient examples to show why we of the State Medical Society must meet this issue, Your Planning Committee has taken this attitude and is recommending to the House of Delegates as specific a program as possible. It is understandable that no final conclusions can be reached in the present fluid state of all planning, and such conclusions as are reached now may require considerable modification as further knowledge and trends develop At the time of the writing of this report the programs of the state agencies committed to hring in recom mendations to the administration are rapidly developing. In the light of these facts perhaps it would be best if the deliberations and conclusions of your Planning Committee were submitted as an

Intenm Report.

This would be a propltious time to re-emphasize the fact that in our opinion the principal function of Government in medicine is prevention and to offer nur cooperation with the Government to the fullest extent in providing preventive medical care to the public. In our thinking we have adhered to the premise that it is our desira to see that every one in the State of New York receives adequate medical care of high quality

Many suppostions for changes in our present sys-tom of medical care have resulted from the tendency among certain groups to stress the need for medical carn among the lower income groups, and that this lack is the primary cause of the inadequate economie situation of these people, and they advance this as an argument for the overthrow of the American system of practice. We would referate that it is the economie situation which needs to be remedied rather than our medical system, and the removal of such economic barriers, as has been stated again and

again by competent medical authorities, should be an end in itself and not used as an argument for a dif-This is an evidence ferent system of medical care of the failure of Government and not of the failure of

medical care

So formidable is the list of subjects to which your Committee has given consideration and study that it is manifestly impossible to report on all of them During our deliberations this year we have devoted the major portion of our time to, first, the contro-versial and confused problems involved in the proposals for state-wide diagnostic clinics, health centers, and group health plans, second, consideration of the relations of hospitals to the practice of medicine, third, medicine's attitude toward the nursing situation, and fourth, the integration in any general plan that may evolve of the programs being studied by special committees for rehabilitation and reallocation of returning physicians Following the pattern of last year's study, we have also given considerable attention to such questions as medical education and licensure, nursing, industrial medicine, expansion of medical care insurance, the Baruch Committee's report on physical medicine, and, of course, that favorite old prescription, the current Wagner-Murray-Dingell Bill These topics will now be dealt with more specifically

Diagnostic Aids and Health Centers -Any discussion of this subject must be prefaced with the assumption that the Government has in mind a comprehensive and ambitious program to control the care of the sick One must distinguish between improvement in the care of the sick-a wider and more complete distribution of the care for the sickon the one hand, and on the other, the control of the

The social planners originally started to control the care of the sick, but are definitely slowing up, and if continuous constructive pressure is maintained by the medical profession, this slowing up process will continue As a result of this pressure by the American Medical Association and others, it is apparent that the various committees that are considering this matter in Congress and State agencies are beginning to realize that an attempt to control the care of the sick is an entirely different matter than the control of business. It requires too much specialized knowledge, out of their control, and it is such a personal matter with the voters that it could easily become political dynamite Witness the recent expose of the veterans' hospitals Compulsory insurance is not so glibly talked about, and increased taxes are shied away from The Hill-Burton Bill, S 191, with its provisions for aids to states and for investigation of needs, seems to be a symptom of a change of heart, or even, perhaps, a sign of greater knowledge in Washington liminary survey of the Subcommittee on Laboratory Service and Mcdical Care which has just been made available (see Appendix C) provides us with more specific knowledge of what our needs are in this state to give better care to the sick, and we should be in a position to add one more pressure against more expensive and useless mechanisms set up by lay groups This type of pressure seems to be multi-plying throughout the country against central, bureaucratic control of medicine, and it is becoming ever more effective.

We must present plans that are frugal, practical, and in the interest of the sick. They must also show that the medical profession should have direct charge and responsibility for the care of the sick. It is not too much to hope that the Government will at last

realize that, even though it may give money to help, there is only one way to care for the sick, and that is

by doctors Your Planning Committee has given extensive study and review to numerous proposals and proaccted plans, some actively in operation in local areas of the State, and others representing the combined thinking of medical groups We have also given careful consideration to the project set up by the Bingham Associates in New England in 1931 This plan has been operating successfully and with increasing satisfaction to all groups concerned—the public, the hospitals, and the physicians—throughout northeastern New England, chiefly Maine and parts of New Hampshire, radiating from Boston as the center Dr Samuel Proger, who is the medical director of the Joseph H. Pratt Diagnostic Hospital, in Boston, a unit of the New England Medical Center, and director of this project, appeared before the Planning Committee, and gave us a most interesting and informative outline of how their plan has functioned We are deeply impressed with the has functioned We are deeply impressed with the practicability of this plan and the cooperation it has attracted to itself If any are sufficiently interested to know how the plan works, Dr Proger's detailed description is in the minutes of the January, 1945 meeting of the Planning Committee, on file in the offices of the State Society in New York City

Your Planning Committee also examined the comprehensive report, "W K Kellogg Foundation, the First Eleven Years" (1930-1941) We also secured all the available reprints, brochures, and other literature covering the establishment and workings of the rural hospital system and centers that have grown up in seven counties in Michigan as a result of local community effort and support, This, too, aided by grants from the Foundation has been a very interesting and constructive experiment which in most counties where it was started has now become self-sustaining Both of these projects are outstanding examples of what can be accomplished in bringing better and more adequate medical care to rural communities by voluntary methods and by creating a forward-looking public spirit in the communities requiring or seeking such

help
The Kellogg Foundation's success was built on
The Kellogg Foundation's success was built on
The Religion Foundation and faith in faith, the emphasis was put on people and faith in people, and not in systems The Trustees of this plan decided to turn their back on systems, either old or new, and to invest in people They found that when a program was not working well the common mistake was to look for the trouble in the sys-tem rather than in the people. The real problem was more often with the individuals than with the This decision brought them face to face with the curious though common belief that adults are incapable of further learning Experience failed to bear out this pessimism. They found that local professional and lay people concerned with social conditions had definite ideas as to what their problems were and what they wanted to do about them They were more or less alive to their responsibilities and were equally cognizant of their deficiencies in training to meet their community obligations. The Foundation, therefore, began with the problems which the people recognized rather than with those which the people recognized rather than with those with the people recognized rather than with those which is the people recognized rather than with the people recognized rather than with those which is the people recognized rather than with the people recognized rather than with the people recognized rather than with the people recognized rather than the people rec that someone else thought they ought to see meant education, and there was elaborated a definite method by which these people could study their problems, exchange experience, talk with others who had solved similar problems successfully, and find their own answers through cooperative community

This resulted in an adult education program for all of the people in the community who had anything to do with health, education, recreation, or

welfare.

While this undertaking was primarily and essentally developed as an effort on a community basis to advance and improve all major factors affecting child health and welfare, the Michigan Community Health Project, as it is now known, has determined to what degree local leadership can be stimulated to achieve the potentials offered by the American democratic cooperative way of life, and has developed really effective methods to meet community needs.

Your Planning Committee also invited Dr Basil C. MacLean and Dr Paul A Lembeke, the Chairman and the Director of Study, respectively, of Governor Dewey's Temporary Commission to Study the Adequate Distribution of Medical Care, to appear before it. Both gentlemen were present at the January, 1945 meeting of the Committee, and there was general discussion and interchange of ideas Since that time your Chairman has had noe or two personal talks with Dr MacLean and some correspondence with Dr Lembeke. At this writing no commutments nor dofinite program have yet Your committee has offered its further evolved assistance and collaboration to the MacLean Com mission in any way possible, and Dr MacLean on his part expressed his desire to exchange information and to cooperate with us

The Problem of the Care of the Chronically III.-This brings us now to consideration of the problem of the care of the chronically ill This matter has been made the subject of a special investigation by the Health Preparedness Commission of the State Legislature, more popularly known as the Mailler Committee. It was your charman's privilege to sit in as an observer at the meeting on June 15, 1945 of the general advisory committee to this com-Dr O W H Mitchell, Chairman of the Public Health and Education Committee, is a member of this advisory group, and because of his illness on that day he asked me to substitute for

It is a matter of general knowledge that the population is progressively aging and that many more people beyond 45 are living today, and also that in the future it is highly probable that this age group will increase. This will project an urgent need for more prompt and adequate medical care for the chronically III patient. The National Health Survey of several years ago stated that there are approximately 177 chronically Ill per 1,000 population, and that this number is doubled in the in come groups under \$2,000 a year For the purposes of developing a program for the care of this sector of the population, the Mailler Committee classified these ohronically ill into three general groups as follows

Those requiring medical care for diagnosis and treatment

Those requiring skilled nursing care

Those requiring only custodial or attendant's 8.

In keeping with the recommendations of Surgeon General Parran and the Interim Report of the Pepper Committee on Wartines Health and Education, they strongly favor the regional hespitalization idea as the basis for any such care They feel that nurslng homes and institutions for the care of chronic disease can best be provided in a hospital closely allied with a general hospital or a medical teaching center, and perhaps in improved county home infirmaries, under some form of State supervision They believe that such a proposal offers the per sonnel and facilities of a teaching institution and local institutions for custodial care, and that home bedside nursing, the role of the practising physicians, and the outpatient services within the region should be integrated into the plan. They cite the need for a legical master plan for the regionalization of medical services, and feel that all other netivities being planned at present should ultimately be fitted into such a plan. Undoubtedly, there will be need for additional hospitals nursing homes, and convalescent incilities, as well as improvement in the quality of existing facilities.

Conferences with both hospital administrators and welfare directors reveal that such a plan is generally acceptable. The most troublesome cases are the borderline institutional, mental, and semilo cases and those needing long-term nursing care

The Commonwealth Fund has proposed a grant to the city of Rochesier to conduct an experiment and provide a demonstration of the correlation of urban and rural hospitals. The State blood bank and blood derivatives program, anthorized by the Legislature at its last session, and now in the process of development, is another factor to be considered

in any general plan

The American Medical Association has gone on record as favoring the main provisions of S 181, the Hill Burton Bill, and has suggested a number of practical amendments. We on the Planning Committee concur in their opinion. Governor Deway mittee concur in their opinion. Governor Dewry has only recently named the State ogency, the Joint Hespital Board, composed of Dr. Edward S. Godfrey, Jr., Health Commissioner of the State of New York, Dr. Frederich, MacCurdy, Commissioner of New York, State Department of Mental Hygieno. and Mr Robert T Lansdale, Social Welfare Com-missioner of the State. Assemblyman Lee B Mailler has been named as Special Advisor to this Board. This Board is to be the official State agency for negotiations with the Federal authorities in the practical application of the purposes of the Hill Burton Bill in the event Federal monies should be granted to the Sisto for hospital construction or nther diagnostic facilities.

Considerable space and detail has been given to this survey of the background of the Committee a deliberations. It would seem to us that any policy which the State Society may see fit to adopt must give consideration to what Government has in view, and certainly we will have to work more in conjunction with Government in the future in order to get the maximum benefits for the people without destroying any of the free practice of medicane,

Report of Preliminary Survey by the Snhcommit-tee on Laboratory Service and Medical Care (See Appendix C) -The Subcommittee on Laboratory Service and Medical Care of the Committee on Pubhe Health and Education, under the able chairman-ship of Dr F Leshe Sullivan, has just completed a prehumary study as to the need for centers for diagnostic aid to physicians throughout the State of New York. This survey was inaugurated as the result of the action of the House of Delegates in 1944 in response to a recommendation from this Planning Committee. They have done a monumen-tal job. This represents only a preliminary study but it has brought to light many of the actual facts and figures relative to population in towns and viilages of 3,000 and over, and in cities and counties, the number of effective and ineffective physicians, the ratio relative to specialists and general practitioners, location and types of hospitals, laboratories, blood bank facilities, and much other information to which we have never had access The members of this committee have been engaged in a complete survey of each town, village, and city in each county of their district and have carefully recorded the facts We should like to express to Dr Sullivan and the gentlemen on this committee—all doctors and members of our Society-our sincere thanks and great appreciation of the splendid work they have done All our discussion and debate, thorough and broad as that has been, has had to await the findings of Dr Sullivan's Committee before our thoughts could be crystallized, conclusions reached, and recommendations formulated

We have had in mind providing the doctor who is practicing out in the rural districts the facilities for laboratory work, x-ray, basal metabolism, et cetera, which are not available to him, so that he may practice sound and good medicine We also desire to make these rural and outlying areas attractive to our young, highly trained, and skilled physicians, and thus bring to the whole population of our State the high quality of medical care which

prevails in our urban communities

As was anticipated, the report of the Sullivan Committee has shown that the State of New York, by and large, is in a generally satisfactory condition as to ordinary medical care, especially general practitioner services. While this may not be exactly true because of wartime shortages, in normal times this condition holds, and we are on the threshold, we hope, of a quick return to this status port has disclosed certain areas as being definitely deficient in adequate laboratory and other diagnostic facilities, particularly certain portions in the northeast area of the State and the south central region, and in the districts comprised by the Catskill Mountains area In their Summary of Deficiencies, Part III of the Survey, they call attention, county by county, to what, in the opinion of the individual investigator, would seem to be the local needs in that county. In the counties where large. urban centers are located there is unequal distribution of both personnel and facilities so that portions of such counties have need for improvement the time of the writing of this report the Planning Committee as a whole has not had opportunity to review this excellent study and the opinions expressed are largely those of individual reviewers

We are not at all content with the status quo, and we can readily see how in any county there is ever room for improvement It would seem wise, more economical, and more practical to consider plan-ning beyond county lines This will permit of establishing needed facilities in such locations where portions of two or three counties could be readily served, which centers would be convenient to transportation lines and otherwise accessible to the communities requiring the services Rather than embark at this time on a very extensive program of new building, we would recommend prompt improvement and expansion of existing facilities, and, as an experiment, the setting up of one or two centers for

diagnostic aid.

The Sullivan Committee, in the preface to its Survey, behaves that such an area of need exists in the counties of Schuyler, Chenango, and Tioga, and also in the Fourth District, comprising the north and northeastern part of Delaware County, the

southwestern part of Otsego County, and the south-

eastern part of Schohane County

The greatest single difficulty that confronted your Planning Committee was to determine a precise definition of what is meant by regional diagnostic aids to physicians, or in other words, how will we define a diagnostic center? No complete agreement was reached in the Committee on this For the purposes of the Hill-Burton Bill a public health center is defined as follows "a publicly owned facility for the provision of public health services and medical care, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers." Dr Sensenich, speaking for the American Medical Association, in his testimony before the Pepper Committee, took

objection to this and urged clarification
The Planning Committee is in full agreement that laboratory facilities should be furnished used in this report, the term "laboratory facilities" means, in addition to routine chemical, bacteriologic, and serologic examinations and other pathologic work, the related clinical tests, such as x-ray examination, electrocardiograms, basal metabolism tests, and similar clinical procedures Blood transfusions also should be made available, but this facility is being provided by a particular setup now being developed as the result of legislative action at the

last annual session

The primary purpose of these centers is not to furnish a diagnosis but rather to make available to the physician in attendance the results of all such tests, thereby enabling him to make his own diag-No treatment is to be provided No member of the staff of such a center is to be permitted to engage in the private practice of medicine

Pending further development of contemplated State plans and the possible enactment of such legislation as the Hill-Burton Bill in Congress we feel that no sweeping state-wide program should be recommended now, but rather insist on local experiment. Your Committee further believes that such local centers, located in carefully selected areas, can be operated successfully and without danger to our present free and unfettered practice of medi-

With the aids we speak of, and if the medical schools are permitted to graduate the high type of doctor which they have done in the past several years, and if the State will maintain a high standard of education and not permit ill-considered bills which would lower the standard of medical care to go through the legislature, the modern physician could adequately care for a large majority of the people, even 85 per cent or more This would leave only a relatively small percentage requiring the high diagnostic skill available only in the large hospitals

The Committee recom-Recommendations —1 mends as an experiment that a center for diagnostic aids to physicians practicing in the rural districts be set up in a selected location in either or both of the following designated areas (a) the counties of Schuyler, Chenango, and Tioga, (b) the north and northeastern part of Delaware County, the southwestern part of Otsego County, and the southeastern part of Schohane County

Insofar as possible, these facilities are to be set up by the local communities and where necessary subsidized by the State if the local community cannot The medically afford to build and operate them indigent and those unable to pay for the use of these Those who are facilities should receive them free able to pay should do so to decrease the amount

which is necessary for the State or local community to contribute. This would make the centers partially self-sustaining. Details of management, of course, will have to be carefully worked out

These laboratories should be supervised by a pathologist. We are cognisant of personnel short-ages but believe that pathologists will be developed Interpretation of such clinical procedures as the electrocardiogram and x ray will require the specially trained physician whose services probably could be obtained on a part-time basis

The Conneil should be authorized to take such action as may be necessary to carry out these recommendstions, including the sponsoring of any neces-sary legislation. A committee should be designated to cooperate with Stato or local agencies and with county societies to insure proper functioning and

supervision of such diagnostic centers.

The Committee also recommends that the State Society, through its proper agency exert its best efforts to secure prompt improvement and expandon of existing facilities for diagnostic ald throughout the State where the need has been

shown to exist.

3 We recommend cooperation and collabora tion with the present State agencies concorned with the planning for the care of the chronically ill

The Committee recommends support of the principles contained in the regional hospitalization idea as described in the Interim Report of the Pupper Committee on Wartime Health and Educa tion and the provisions of the Hill Burton Bill with such amendments as have been suggested to bring it within the scope of the Constructive Program of Medical Care of the American Medical Association.

We are cognizant of the necessity of protecting the public against bureaucratic regimentation of both patients and physicians, and the substitution of an un American system of medicine for our pres-

ent high standards of practice
5 Should the Hill-Burton Bill or similar legisla tion be enacted into law and Federal funds thus become available for new or expanded medical care programs in this State, or should funds be made available by the State of New York for the same purposes, we recommend that an existing or special committee of the Medical Society of the State of New York be designated to confer and cellaborate with the proper Government agencies concerned with such projects this committee to have author ity to present organized medicines views and opinions and to consult with and advise and otherwise guide those formulating such programs.

Group Practice.—In the present stage of our thinking, the subject of group practice represents a profound and controversal profilem We have made no attempt this year to deal with it in detail novertheless, we have discussed it in a general way

There are many sound arguments both for and against lt. It is possible that some of the younger medical men who will soon be discharged from the service would like to re-enter private practice in conjunction with other practitioners as a medical group

We feel that this whole subject should be taken up as a major study by your Planning Committee in the near future, and the time and thought it deserves

be allotted to it.

As far as this State is concerned it is our jude ment that we should await the results of improved medical services as are anticipated from the expanded program for diagnostic services and laboratory facilities which we have recommended in this report.

Since the original draft of this report, comment has appeared, editorially and otherwise, in the lay press on a proposed plan to hring about group prac-tice through Federal legislation. We are referring particularly to an article hy Henry J Kaiser In which he states that at the invitation of the Pepper Committee of the Senate he has drafted n bill to nchieve "competitive health."

"This bill has in mind the inture and the hopes of the half million voterans of war who are going to come home—not only doctors but nurses, pharma cists, and battalion aid men. It would empower the Federal Housing Agency, which has financed the ownership of nearly a million American homes, to guarantee 90 per cent of local bank loans to build This financing would be made and equip hospitals available to groups that undertake to provide pre-paid medical care"

Ho ndds "Under this hill they could invest the funds set up for them by the GI Bill of Rights in their own group practice clinics at home Together, ten of them could make up a pool of \$25,000 and get a loan for

\$250,000 to set up much needed medical facilities. "I can see little Mayo Clinics springing up all over the nation founded on the sound economics of prepaid medicine. These clinics would operate as going husiness enterprises competing to reduce their cost, improve the quality, and expand the scope of their service to the public

This Kaiser Pepper plan needs further study, and your Committee is not prepared to comment on it at the present time, except to stato (1) that it is not yet known what percentage of the population would benefit from group practice and (2) that Maye Clinics do not spring up in the manner suggested,

nor do they have any relation to prepaid medicine.

Another influential sector within the ranks of medicine letelf, is expanding the idea of group practice out of hospitals. The five county medical so-ceties of metropolitan New York, through their Coordinating Council, at present have a subcom-mittee working to set up standards for group prac-tice to which all contemplated groups would have These few examples of current think to conform. ing are cited to emphasize the importance of this problem.

Compulsory Sickness Insurance. This was the subject of an extensivo review in the Planning Committee report of 1944 and a thorough analysis of the Wagner Mnrray-Dingell Bill Introduced into the Seventy-Eighth Congress was published in that section of the report. Senator Wagner, for himself and Senator Murray had introduced into the Senato on May 24 1945 the latest version of this Bill, and shortly before that, a companion measure was sponsored in the House by Representative John D Ding. II

In Introducing his Bill, Senator Wagner and, 'but health insurance is not socialized medicine, it is not State medicine," and "I believe in the American system of free enterprise."

It is a fact however that under the proposals the Surgeon General of the Public Health Service, working under the Administrator of the Social Security Board, becomes the dispenser of all health care and the final arbiter of the mental and physical well-being of the nation. If such a core of collective ist control is ever established in this country apply ing to the most sacred and vital wants of every human being, it would require a miracle for free enterprise in any of its forms to survive the impact

The Wagner-Murray-Dingell health services are

in reality State Medicine They are instrumentalities of the collectivist state. If we are to preserve our freedom of enterprise system, we dare not enact

these proposals into law

Dr Wilson G Smillie, professor of public health and preventive medicine at Cornell University Medical College, New York City, has contributed a most thought-provoking article entitled "Certain Defects of a Nation-wide Plan for Provision of Adequate Medical Care "This article appears in the August 4, 1945 number of the Journal of the American Medical Association It is one of the best statements of principles that has yet appeared In simple, plain, homely language, understandable to anyone who reads, he has struck upon the crux of the whole The article should be "must" reading, problem and public relations officers of county and state societies could well afford to give this wide lay distribution

We would like to quote the concluding paragraphs

of this unusual paper

"This, in my opinion, is an interpretation of the feeling of the average thoughtful American in relation to provision of adequate medical care for the

family and the community
"He is quite willing to promote any plan which will be of real benefit to the health and welfare of his family and his community, but is quite unwilling to accept a revolutionary, nation-wide program of social betterment that has not gone through the fire of long, extensive, careful test under a great variety of conditions

"Most important of all, he is unwilling to sur-render the principle of local community autonomy and to delegate authority to the Federal Government for the control and administration of such a personal and intimate matter as medical care of hunself and his family "

Extensive analyses of this new bill either have appeared already or will in the near future resolution was unanimously adopted by the Council on Medical Service and Public Relations of the American Medical Association instructing the Director of the Bureau of Legal Medicine and Legislation and the Secretary to prepare a statement on the present Wagner-Murray-Dingell Bill The Public Relations office of our own State Society has also prepared a preliminary analysis

The Wagner-Murray-Dingell 1945 bill varies in some particulars from the previous bill It takes over the proposals of the Hill-Burton bill for hospital and health center construction, which was approved in principle by the American Medical Association and by this Society, and makes it a ten-year program at ten times the cost The Advisory Board with authority proposed by the Hill-Burton Bill is replaced by a National Advisory Hospital Construction Council without authority except to review applications and make recommendations

Section 9 of the bill establishes a national sickness There are some differences from insurance system the provisions of the preceding bill While the word "compulsory" is nowhere used in the bill, the bill, nevertheless, is compulsory in every sense of the word There is still tremendous authority placed in the hands of the Surgeon General of the Public Health Service While Senator Wagner lays stress on the fact that the Surgeon General is a doctor. there is nothing in the present law that requires the Surgeon General to be a doctor Furthermore, he is subject to the control of the Social Security Board, a totally lay organization

The National Council provided in the previous

bill now becomes the National Advisory Medical Policy Council While the new bill specifies that there must be medical representation on the Council, and the previous bill only inferred it, the Council

remains purely advisory and without authority

The Social Security tax has been reduced from
that proposed in the previous bill from 6 per cent to 4 per cent each on both employer and employee, but the upper limit has been increased from \$3,000 In the case of the self-employed, the to \$3,600 rate is now 5 per cent up to \$3,600 instead of 7 per cent up to \$3,000

There are other minor changes in the sickness insurance part of the bill, but taken as a whole it is fully as permicious as the previous bill and should not receive the support of the medical profession

Your Planning Committee reaffirms the Society's previous stand against compulsory sickness insurance in general, and disapproval of the Wagner-Murray-Dingell Bill. We feel that the progressive evolution of the voluntary hospital and medical expense insurance plans, with proper direction and support, plus the equable distribution of adequate diagnostic facilities, will meet the needs of the pub-lic and at the same time expand the quantity and

preserve the high quality of medical care

Addendum—The July 21 issue of the Journal of the American Medical Association carries a special article entitled, "Health Insurance-An Inquiry Into Some of the Factors and Forces Underlying the Demand for a Compulsory System" We recom-mend the reading of this article and call attention to the editorial on it appearing in the same issue

Voluntary Medical Expense Insurance -State Medical Society has set up a Bureau of Medical Care Insurance with a full-time director and the necessary personnel To this Bureau have been assigned the numerous duties entailed in stimulating these plans, facilitating their expansion, seeking to secure ultimately a single, state-wide plan and to exercise supervision over the whole program Mr George P Farrell is the Director of this Bureau.

Perhaps no single activity of the State Medical Society is more significant or more deserving of As all matters pertaining to this united support subject are now the special function of this office, the Planning Committee is making no specific recom-

mendations

With reference to the use of the insurance principle in the case of welfare patients we would reaffirm our stand of last year, namely, "that the Council suggest to the Welfare Department that it consider the possibility of the use of the insurance principle rather than the present system" We quote also Section 5 of the "Constructive Program for Medical Care" of the American Medical Association, adopted June 22, 1945

"The provision of hospitalization and medical care to the indigent by local authorities under volun-

tary hospital and sickness insurance plans "

In furtherance of this statement, we would recommend that this whole subject be referred for study and action to the Bureau of Medical Care Insurance of the Society

Relationship of the Hospitals and the Practice of Medicine.—Following the generalization and statement of principles on this subject as enunciated by the House of Delegates of the American Medical Association which were quoted in the 1944 Planning Committee report, the President, Dr Herbert H Bauckus, appointed a special committee to confer with a similar committee of the Hospital Association

of New York State Dr Carlton E Wortz, of Buffalo, is Chairman, and the other two members are Dr Walter W Mott and Dr J Stanley Kenney Both Dr Mott and Dr Lenney are members of the

Planning Committee.

The Joint Committee held three meetings during January, February and March of 1945 and as a result of these conferences the following agreement, which is subject to ratification by the governing bodies of both the State Society and the Hospital Association of Now York State, was arrived at

That roentgenology, pathology anesthesiology, and phymotherapy constitute the practice of medicine and the rendering of these services is in

fact the practice of medicine.

That these specialties are so recognized and that the directors of the departments rendering these services should have full recognition in the

constitution of the hospital staff

That an equitable arrangement can be made between the individual hospitals and the doctors who practice these four specialties recognizing the above principle, wherehy the hospital may bill for these services in the name of the person rendering the service (This can be done by inserting the name on the regular hospital billhead, i.e. Instead
of x ray, indicate "Professional Services of Dr

— Roentgenologist.")

4. Until such time as a Medical Service Plan is

available, there is no objection to inclusion of these medical services in the hospital service plan contract as long as the principle of recognition and proper remuneration to these epecialists is corried out.

It was further understood that the Amociated Hospital Service has agreed in principle to this, and when the medical expense indemnity plans are ex-panded and have sufficient sale and distribution, these four services will be transferred to the medical service contract. Hand when that becomes feasible and practical it should once and for all end the argu ment about the hospitals practicing medicine.

As a temporary stopgap, the Associated Hospital Service in New York City expressed its willingness to allocate certain portions of the hospital bill to the payment of these services separately instead of including it all in the hospital bill until such time as the sale of medical expense plans approximates the distribution of the Bine Cross plans to a sufficient extent to take care of these services

We want to hring out this point, namely, that we have for the first time developed n real spirit of cooperation between the organized hospital and medical associations of this State. Wa believe it can now be said that we have a working organization with

the hospitals which augurs well for the future We recommend that the House of Delegates approve this agreement and also the continuance of this Committee to further the constructive work

that has been started.

We would call your attention to the reprint from the "Hospital Forum" included in Appendix D, and urge careful reading of this attement of Mr John McCormack, Superintendent of the Presbyterlan Hospital, in New York City, and President of tha Hospital Association of New York State

The Nursing Problem.—The following report on the relationship of medicine and the nursing pro-lession was adopted at the February 21, 1945 meet-

ing of the Planning Committee
In 1944 this committee recommended the establishment of a joint committee representing nursing, medicine, and hospital administration to con-

sider mutual problems. A short time thereafter, and quite independent of this recommendation, the New York State Nursing Association created n coordinating committee and asked for representatives from New York State Hospital Association and the Medical Society of the State of New York, committee has mot twice, but little more has been accomplished than to recognize that a conflict in the family of medicine exists.

"During the past year, because of wartime necessity, more progress has been made in bringing these groups together than by past voluntary effort. Local Civilian Defense Committees, usually chairmanned by laymen, have brought together for the welfare of the community these three groups classification and procurement of nurses for the armed forces have involved hospitals and physicians and forced them to make a concerted effort toward cooperation as never before. It is no credit to any of these groups that the urgency of war forced this cooperation when for years the destiny of each group has been more or less dependent upon the other

"To put new life into the study of these issues the Chairman of the Coordinating Committee of the New York State Nursing Association recently sug gested that an independent coordinating board, not sponsored by a particular group, be established to replace the present committee sponsored by nurses.

'It is the opinion of this Committee that the above suggestion is in line with the recommendation made last year. Therefore, it recommends the establishment of an independent coordinating board repre-senting nursing, hespital administration, and medi-cine, the delegates bong authorized, subject to the governing body of each representative group to outline broad policies of cooperation and to study and recommand answers to the following questions in order that nursing in the postwar period may meet the demands of the medical profession, hospital administrations, and the public

"1. When planning for medical and health work in the future, what role should nurses play? Should their role be determined by traditional concepts of the nurse and nursing service or should these concepts be challenged and a re-definition made of the functions and preparation of nurses in terms of the needs of somety?

"2. To what extent should we uttempt to dif ferentiate further the personnel engaged in nursing service and the areas and levels at which they function? What changes in the present system of nursing education would such a revision of boundaries and functions necessitate?

"3. Should all nursing schools on all levels be established as real schools, that is, institutions that exist primarily for educational purposes and which are provided with the necessary resources and facilities to perform their educational func-tions effectively? What changes in the present system would be necessary in order to make nursing schools real schools and put them on a sound economic basis? To what extent ahould the government be responsible for maintaining such schools?

4 By what formula should it be determined how many nurses should be prepared in the different categories required for adequate service to the population as a whole?

"b To what extent should the immediate

service needs of the hospitals in which students receive their clinical experience determine the number of nurses to be prepared?

"6 How should the problem of security for

the nurse be met? Should hospitals adopt the annuity retirement system generally accepted in educational institutions, or should this important problem be solved by other means?

"The solution of all these problems is not an easy one Resources beyond those of nursing, medicine, and hospitals must be drawn upon Sufficient funds must be available to insure mobilization of information if an earnest attempt for coordination is made"

Before formal adoption of this report a very extended discussion took place in which much of the background of the confused state of affairs existing in the nursing field was carefully scrutinized frankly pessimistic view prevailed as to what jointly might be accomplished within the family of medi-We use that expression (family of medicine) to mean physicians, nurses, and hospital administrators The Committee on Nursing Education of the Council rendered a report which has helped to clarify this problem Due consideration was given to the work and function of the area nursing centers set up by the Education Department, of which Cayuga College is a good example In substance, academic training is given over a period of six months and then the student nurses are sent to hospitals and lectures in the areas for their practical work under proper supervision, where time and effort will not be wasted. They will give good service to the hospital and also, under supervision, learn through practice The Education Department, we believe, would like to see that idea extended not only in the small, nonacademic hospitals, but also to the large hospitals in metropolitan areas

Quoting from the above report, it recommends the "establishment of an independent coordinating board representing nursing, hospital administration, and medicine, the delegates being authorized, subject to the governing bodies of each representative group, to outline broad policies of cooperation and to study and recommend answers to the following questions in order that nursing in the postwar period may meet the demands of the medical profession, hospital administrations, and the public (Note the Sections 1 to 6 in the above report)

We feel that only through a concerted effort of medicine, hospitals, and nursing, each one with equal authorization and equal representation, can any solution of this difficult situation be attained. To this end we recommend to the House of Delegates that the Committee on Nursing Education of the Council be given the authority and expanded if necessary to confer with similar groups from the official hospital and nursing organizations

Medical Education and Licensure—We quote the first paragraph of the section on Medical Education and Licensure of the Planning Committee's report of 1944

"The Committee recognizes that the future health and medical care of the American public depend primarily upon the nature and quality of programs of medical education maintained for the training and preparation of physicians who must assume responsibilities in this field"

The constantly changing picture as to the possible source of well-prepared applicants for medical school and the accelerated program now operating are the cause of much unhappiness and discontent to our medical educators. While this subject would appear to be more of a national than a State problem, we felt that some statement from this Planning Committee might serve to reinforce the efforts to

bring about a return to our former high standards of medical education. The following statement is

respectively submitted

Although it is recognized that the accelerated program of medical education now being conducted by the medical schools of the country may be advantageously followed by a few students, it is the consensus of opinion of most of the medical educators that continuance of the present accelerated program beyond the war needs would be detrimental to the best interests of medical education. The Planning Committee concurs in this opinion. Later experience may demonstrate that some acceleration beyond the normal prewar schedules of medical schools, or more efficient cducational use of the long vacation periods, is feasible and desirable

There are many indications that there will be an increased demand for physicians for at least a number of years following the end of the war. However, the discontinuance of the Army program of assigning trainees to medical schools, together with the present Selective Service regulations which do not provide for the deferment of students accepted by medical schools, threaten not alone a great reduction in medical school enrollments but a poorer qual-

ity of applicants

On February 26 Senator Allen J Ellender, of Louisiana, introduced Senate Bill 637 This bill was planned to provide an adequate number of qualified students for admission to the medical schools of the country Up to May II no action had been taken on the bill The Planning Committee recommended endorsement of the Ellender Bill by the Council of the State Medical Society

It is the belief of the Planning Committee that all restrictions should be removed from medical schools and both premedical and medical students at the earliest possible moment, in order that the responsibility for programs in medical education may be placed entirely upon the medical schools of this country to continue the remarkable progress of the prewar years

On the question of medical licensure the Planning Committee offers no comment. The Council has created a special committee for review and study of possible changes in the Medical Practice Act, the Basic Science law, and the problem of the "cults," and this whole question will be considered by that committee

Industrial Medicine —The Committee again this year has devoted much time to the consideration of the important subject of industrial medicine. At the outset we would restate that the American Medical Association, through its Council on Industrial Health, has done a tremendous amount of work on this subject. This Council has set up in great detail the scheme of organization of committees within component county societies which would include representatives from the Medical Society, from labor, from industry, and from the public, such committees to study the different problems that affect industrial medicine today and will in the future.

Labor has very definite ideas as to how it would like to work with Medicine, industry has ideas, and they are not always generous toward Medicine. The profession has its ideas as to how it would like to retain control. In most of the present arrangements the influence of the medical department of an industry is never very great. It rarely reaches into the higher brackets, nor does it have a voice in the

policy making It is just this state of affairs which has prompted the American Medical Association to bring together all these groups for free discussion and to let Industry and Labor know that Medicine has something to offer and that it should be necepted as a major factor in formulating policies con cerning industrial health and medicine. Unless we want to mitiate such a plan as the American Medi cal Association has so carefully worked out, we are relatively helpless because both Industry and Labor feel that we are not interested

The future would seem to portend the larger role that big employers are going to have in questions having to do with medical care. We feel that organized medicine should be very ective on this subject We have all the information we need has all been worked out very carefully by able men throughout the United States, and is very plain and

The fact should be brought home to the individual medical practitioner himself that he is potentially an industrial physician. He does not seem to understand that. If he realized this he would un doubtedly have considerably more interest in tho study of the whole problem concerning the different

diseases peculiar to industry
Part of this lack of interest harks back to his
undergraduate medical education. This would seem to be a weak spot, and we trust that the subject of industrial health can soon be given the time and attention in the curricula of our medical schools it

deserves.

There is the question, too, of how far we want to go with the full-time salaried man versus the care of these patients by men in private practice. All these schemes beve to deal with a large number of people and offer an opportunity to put in salaried physicians. Considerable thought must be given to this phase of the question so that we may avoid going the wrong way as far as the average doctor's idea of the private practice of medicine is concerned

The Subcommittee on Industrial Health has done an excellent joh m furnishing lodustrial health programs to various county society end district branch This is largely postgraduate instruction, and while it is most important, it does not fill the entire hill. There is a gap which must be hridged. We would again suggest that there should be in

cinded on the Subcommittee on Iodustrial Health of the State Society a physician who makes in-dustrial medicine his career, and who also has the ideals and othics of organized medicine at heart. Such a physician perhaps might serve as chairman of such a special study group

Cooversations with doctors to the Department

of Labor have revealed the fect that they were ready and willing to go before the various county societies and give them the benefit of their experience but their complaint has been that they have received very bittle eocouragement or responsa-

Your Planning Committee again lovites attention to the industrial medicine program of the American Medical Association for state and county societies, recommendations from which are quoted in last year's Committee report (pages 915 and 916, New York State Journal of Medicine April 15, 1944)

2 We also would recommend to the Postwar

Planning Committees of the state and county socicties that they bring to the attention of physicians returning from military service the facilities offcred in the field of industrial medicine.

We would respectfully suggest to those re-

sponsible for undergraduate medical education that those diseases and efflictions peculiar to industry be given adequate recognition in their teaching programs

The 1944 House of Delegates recommended that the Council bring to the attention of the proper State authorities the suggestion that the medical ataff of the Department of Labor be increased so that members might assist county society committees in coordinating their work with the definite work of the Department It is again arged that the Council give this suggestion ell scrious attention

We urge that the various county societies cooperate in carrying out the above program and set ap such committees in those societies where they are nceded.

#### Miscellaneous

Baruch Committee and Physical Medicine Com mission Reports -- We note with interest the efforts to devolop the field of physical medicine and to provido adequate training for specialists in this field. The reports of these two commissions have been the subject of special review by a Subcommittee, and their findings ere recorded in the minutes of the

Jenuary 1945 meeting of the Planning Committee
War Participation Committee—This Committee offers no comment on this subject other than to refer to the work being done by the War Participation Committee of the Society We would stress the importance of assisting physicians returning from military service in every way possible to re-cetablish thomselves and to give them the training which

many of them are going to require

County Society Plans - The Council referred to the Planning Committee the so-called Dutchess County and Westchester County plans for review The Committee studied the Dutchess County

Plan which is in substance e compulsor, plan for the medically indigent to be under the control of the state and county medical societies The Committee feels that no compulsory plan le necessary, and if adopted would rapidly lead to a compulsory plan for everybody

It is the Committee'e opinion that the so-called Westchester County Plan in essence is another Wagner-Murray-Dingell Bill brought out under medical rather than state or federal control. We do not feel that it is in any way an answer to the prob-lem of medical care and in addition, it would seem to have most of the objectionable features of the

original Wegner-Murray-Dingell Bill

The Committee realizes fully that it has been physically impossible to completely cover the whole field of medical planning. It has offered the foregoing as an earnest effort to press the solution of some of the more urgeot problems. While it has finished two years of etudy, its work is not com-

ploted.

We believe that the life of this Committee should be extended, or if not, some other Committee be designated. In our opinion, the time has definitely arrived for such a Committee to hold conferences from time to time with representatives of Labor, Industry, Public Health, Welfare, and similar groups. We therefore petition the House to authorize the reappointment of this Committee on the same basis as last year

Respectfully submitted, J. Stanley Kenner, M.D., Chauman, New York Herrery H. Bauckus, M.D., Buffalo Louis H. Bauer, M.D., Hempstead George W. Cottis, M.D., Jamestown

EDWARD R. CUNNIFFE, M. D., New York
ALBERT A. GARTNER, M. D., Buffalo
NORMAN S. MOORE, M. D., Ithaca
WALTER W. MOTT, M. D., White Pluns
LEO F. SIMPSON, M. D., Rochester
HERMAN G. WEISKOTTEN, M. D., Syracuse
WALTER P. ANDERTON, M. D., Recorder, New York
Scptember 6, 1945

#### Appendices

A Constructive Program for Medical Care

American Medical Association

B Analysis of the Hill-Burton Bill, prepared by the Bureau of Legal Medicine and Legislation, American Medical Association

Note—Attention is also directed to the testimony made February 28 to the Senate Committee on Education and Labor by Dr R L Sensenich, member of the Board of Trustees of the American Medical Association, and Dr Victor Johnson, Secretary of the Council on Medical Education and Hospitals of the American Medical Association, on Senate Bill 191, which appears in the Journal of the American Medical Association of March 17, 1945

Part I—Report of Preliminary Study by Subcommittee on Laboratory Service and Medi-

cal Care

D The Hospital Forum

#### Appendix A

## Constructive Program for Medical Care—American Medical Association

(This platform was adopted by the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945)

#### Preamble

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights, and the "American Way of Life" are diametrically opposed to regimentation or any form of totalitarianism. According to available evidence in surveys, most of the American people are not interested in testing in the United States experiments in medical care which have already failed in regimented countries

The physicians of the United States, through the American Medical Association, have stressed repeatedly the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated American private enterprise has won and is winning the greatest war in the world's history. Private enterprise and initiative manifested through research may conquer cancer, arthritis, and other as yet unconquered scourges of humankind. Science, as history well demonstrates, prospers best when free and unshackled.

#### Program

The physicians represented by the American Medical Association propose the following constructive program for the extension of improved health and medical care to all the people

1 Sustained production leading to better living conditions with improved housing, nutrition, and sanitation which are fundamental to good health; we support progressive action toward achieving these objectives

2 An extended program of disease prevention with the development or extension of organizations for public health service so that every part of our country will have such service, as rapidly as ade-

quate personnel can be trained

3 Increased hospitalization insurance on a

voluntary basis

4 The development in or extension to all localities of voluntary sickness insurance plans and provision for the extension of these plans to the needy under the principles already established by the American Medical Association

5 The provision of hospitalization and medical care to the indigent by local authorities under voluntary hospital and sickness insurance plans

6 A survey of each state by qualified individuals and agencies to establish the need for additional

medical care

7 Federal and to states where definite need is demonstrated, to be administered by the proper local agencies of the states involved with the help and advice of the medical profession

8 Extension of information on these plans to all the people with recognition that such voluntary programs need not involve increased taxation.

9 A continuous survey of all voluntary plans for hospitalization and illness to determine their adequacy in meeting needs and maintaining continuous improvement in quality of medical service

10 Discharge of physicians from the armed services as rapidly as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians

11 Increased availability of medical education to young men and women to provide a greater num-

ber of physicians for rural areas

12 Postponement of consideration of revolutionary changes while sixty thousand medical men are in the service voluntarily and while twelve million men and women are in uniform to preserve the American democratic system of government

13 Adoption of federal legislation to provide for adjustments in draft regulation which will permit students to prepare for and continue the study of

medicine

14 Study of postwar medical personnel requirements with special reference to the needs of the veterans' hospitals, the regular army, navy, and United States Public Health Service

#### Appendix B

The Hill-Burton Hospital Construction Bill An Analysis Prepared by the Bureau of Legal Medicine and Legislation, American Medical Association

During the course of the hearings conducted by the Pepper Subcommittee on Wartime Health and Education of the Senate Committee on Education and Labor, the Surgeon General of the United States Public Health Service on July 12, 1944 outlined a broad program for federal participation in the construction of hospitals and related facilities. Subsequently a draft of a bill was prepared and recommended for discussion by the Council on Government Relations of the American Hospital Association to the joint committee of the three national hospital associations the American, the American Protestant, and the Catholic Hospital Associations. The draft was discussed at a meeting of the joint

committee held in Washington November 4, 1944. Represents tives of the American Medical Association, by invitation, participated in the discussion.

A number of changes in the draft were suggested and some of these were embodied in a revision of the draft which was introduced in the Senate, January 10 1945, by Senator Hill, of Alabama, for himself and Senator Burton, of Ohio, as S 191 The bli was referred to the Senate Committee on Education and Labor, of which Senator Murray, of Montana, is the new chairman. It is assumed that this bill will be considered by the recently announced standing subcommittee of nine of the Senator Commuttee on Education and Labor, which has been created to consider proposed legislation on health. Senator Clande Pepper, of Florida will head the new subcommittee. Other members are Senator James M. Tunnell, of Delaware, Senator Elbert D. Thomas, of Utah. Senator Robert M. LaFollette, of Wischan, Senator Laster Hill, of Alabama, Senator James B. Murray, of Montana, Senator Robert A. Taft, of Ohio, and Senator George D. Alken, of Vermont.

Purposes of S. 191.—The declared purposes of the pending bill are twofold (1) to assist the several states to inventory their existing hospitals, as that term is defined in the bill, to survey the need for new construction and to develop programs for construction of such public and other nonprofit hospitals as will, in conjunction with existing facilities, afford the necessary physical facilities for furnishing adquate hospital, clinic and similar services to all people, and (2) to construct public and other non

property, and (4) to construct public and other nonmotit hospitals in accordance with such programs. Definition of Term "Hospitals"—The term "hospital" is broadly defined to include 'public health centers and general, tuberculcess, mental, chronic disease and other types of hospitals and related facilities, such as inboratorics, outpatient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals." The definition, however, excludes any hospital furnishing primarily domiciliary care.

any hospital furnishing primarily domiciliary care. Creation of Federal Advisory Council.—To assist in administering the provisions of the bill on a federal level, a Federal Advisory Council is proposed The Surgeon General of the Public Health Service will serve as chairman ex office of the council, and the other eight members will be appointed by the administrator of the Federal Security Agency The appointed members will be persons "who are outstanding in fields pertaining to hospital and health activities, and a majority of them shall be authorities in matters relating to the operation of hospitals.' Their terms of office will be staggered. They will be compensated at a rate fixed by the administrator of the Federal Security Agency but not oxceed \$255 a day while serving on husiness of the Council and will be entitled to receive an allowance to cover exponess while serving on husiness of the Council and will be entitled to receive an allowance to cover exponess while serving away from their places of residence. The Council must meet at least once a year but may meet more frequently if the Surgeon General deems it necessary. On the request of three or more members, it is made mandatory that the Surgeon General call a meeting.

Sais Advisory Councils.—Applications that will be submitted to the Surgeon General for approval, proposing surveys of existing facilities and the development of programs for construction, must provide for the designation of state advisory councils to include representatives of "nongovernment organizations or groups, and of state agencies, concerned with the operation, construction, or utiliza-

tion of hospitals, to consult with the state agency in carrying out such purposes."

Federal Appropriations —For the fiscal year ending June 30, 1940, total appropriations of \$110,000—000 are proposed. Of this amount \$5,000,000 will be allotted to the several states for surveys and planning, \$5,000,000 to cover administrative expenses in carrying out plans that have been approved, and \$100,000,000 for the construction of hospitals and related facilities. Thereafter such sums for construction and administrative purposes will be authorized for each fiscal year as Congress may determine to be necessary.

Allotments to States — The sum to be made available for surveys and the development of programs will be allotted by the Surgeon General to the several states on the basis of their respective populations, financial needs, and such other factors as he finds relevant. In connection with these allotments no specific provision appears in the bill for advice from

relevant. In connection with these allotments no specific provision appears in the bill for advice from the Federal Advisory Coundil. From these allotments each state will be entitled to receive after an application has been approved, an amount equal to the "federal percentage, which will be determined in accordance with regulations made by the Surgeon General "Such percentage shall be not less than 25 per centum or more than 75 per centum (presumably of the estimated cost of the survey and the dovelopment of the program) for any state, and within that range such percentage shall be determined for the several states on the basis of their relative financial needs."

The sum to be made available for construction and for administrative expenses will be allotted on the bass of the population and financial needs of the respective states and in the case of allotments for construction of hospitals, the relative need for such construction, or, in the case of allotments for such construction, or, in the case of allotments for such construction, or, in the case of allotments for such construction, or, in the case of allotments for such construction, or, in the case of allotments for such construction, or, in the case of allotments is such an interest of the such consists of the such such consists of the such case of the construction with the state agence designated in the several state plans. Grants to a particular state may be terminated whenever the Surgeon General finds, after affording reasonable notice and opportunity for a hearing, that there has been a failure substantially to comply either with any provision required to be included in the application for funds for surveys and the development of programs

or in any construction plan, or with any regulation promulgated by the Surgeon General. Approval of State Applications and Plans.—In order to obtain any of the federal money made available for surveys and for the development of construction programs, a state must make an applica-tion therefor to the Surgeon General The application must (1) designate a single state agency as the sole agency to supervise the survey and to develop the program, (2) provide for the designation of a state advisory council to include representatives of nongovernmental organizations or groups and of state agencies concerned with the operation construction, or utilization of hospitals, (3) provide for compliance with standards prescribed by the Surgeon General with the approval of the Federal Advisory Council, and (4) provide that the state agency will make such reports, in such form and containing such information as the Surgeon General may from time to time require and comply with such provisions as he may from time to time find necessary to assure the correctness and ventication

of such reports If an application complies with the foregoing requirements, the bill requires the

Surgeon General to approve it

Before a state may participate in any benefit from the distribution of federal money made available for construction programs and for administrative expenses, it must submit a state plan to the Surgeon General for approval A state plan, to be approved, must (1) designate a single state agency as the sole agency for the administration of the plan, or designate such agency as the sole agency for supervising the administration of the plan, (2) contain satisfactory evidence that the state agency designated will have authority to carry out such plan, (3) set forth a hospital construction program which the Surgeon General, on recommendation of the Federal Advisory Council, finds to be in accordance with standards prescribed by him with the approval of the Council, and to be sufficient, in conjunction with existing facilities, to provide the necessary physical facilities for furnishing adequate hospital, clinic, and similar services to all the people of the state, and which, in the case of a state which has developed a construction program after making the required surveys, conforms to the program so developed, (4) set forth relative need, determined in accordance with standards prescribed by the Surgeon General with the approval of the Federal Advisory Council, for the several projects included in the program, and provide for construction, so far as financial resources available therefor and for maintenance and operation make possible, in the order of such relative need, (5) provide such method of administration as the Surgeon General finds necessary for the proper and efficient operation of the plan, including provision for affording to an applicant for a construction project an opportunity for hearing before the state agency, (6) provide that the state agency will make such reports, in such form and containing such information, as the Surgeon General may from time to time require, and comply with such provisions as the Surgeon General may from time to time find necessary to assure the correctness and verification of reports, and (7) provide that the state agency will from time to time review its hospital construction program and submit to the Surgeon General and to the Federal Advisory Council any necessary modifications If a state plan meets these requirements, it must be approved by the Surgeon General

Approval of Projects and Payments for Construction -For each construction project contained in a state plan there must be submitted to the Surgeon General an application by a state or political sub-division or by a public or other nonprofit agency Each application must set forth a description of the site for such project, detailed plans and specifications, reasonable assurance that the title to the site is or will be vested solely in the applicant, and reasonable assurance that adequate financial support will be available for the construction of the project and for its maintenance and operation when No application for a project may be completed approved by the Surgeon General unless its approval has been recommended by the state agency. The has been recommended by the state agency. The bill does not specifically require the Surgeon General to seek the advice of the Federal Advisory Council

in passing on applications for projects

If an application for a project is approved, the Surgeon General will certify to the Secretary of the Treasury an amount equal to the "federal percentage" of the estimated cost of the construction of the project, designate the appropriation from which it

is to be paid, and from time to time certify installments to be paid on account. Certification of installments will be made after such inspections and on such conditions designed to assure satisfactory completion of the project as the Surgeon General shall determine. Such certifications will provide for payments to the state, except that if a state is not authorized by law to make payments to the applicant the certification shall provide for payment to the applicant

In determining whether to approve a project, in determining whether to certify an installment and in any inspection authorized by the bill, the Surgeon General will, as far as practicable, utilize the services and advice of the Federal Works Agency in reviewing the title, working drawings, and specifications of any project, supervising the awarding of contracts and inspecting the performance of the work

and inspecting the performance of the work

Conferences of State Agencies — The Surgeon General will be authorized, in carrying out the provisions of the bill, to invite representatives of as many state agencies to confer with him as he deems necessary or proper A conference of the representatives of all state agencies, however, must be called annually by the Surgeon General If five or more of such agencies request it, the Surgeon General must call a conference of representatives of all state agencies

joining in the request

Promulgation of Regulations —The Surgeon General is authorized to make such regulations and perform such other functions as he finds necessary to carry out the provisions of the bill —All regulations with respect to grants to states for administrative purposes in carrying out plans or for construction projects, however, may be promulgated only on recommendation of the Federal Advisory Council, as before noted, and after consultation with state agencies —The bill provides that, as far as practicable, the Surgeon General shall obtain the agreement of state agencies prior to the promulgation of any such regulations or amendments.

such regulations or amendments

Miscellaneous—A "public health center" within the meaning of this bill means a publicly owned facility for the provision of public health services and medical care, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers. A "nonprofit hospital" is defined to mean any hospital owned and operated by a corporation or association, no part of the net earnings of which invies to the benefit of any private shareholder or individual The money that is allotted to a state for construction purposes may not be expended for the cost of the acquisition of land, except in connection with the construction of public health centers. The bill defines the term "state" to include Alaska, Hawan, Puerto Rico, and the District of Columbia.

Appendix C

Part I—Preface of Report of Preliminary Study by Subcommittee on Laboratory Service and Medical Care of the Committee on Public Health and Education

This Committee was created by the House of Delegates through the recommendations of the Planning Committee for Medical Policies to study the need for centers for diagnostic and to physicians throughout the State of New York

throughout the State of New York

Meeting of House of Delegates, May 8, 1944—

"Regional Centers for Diagnostic Aid—The Committee has made a very comprehensive study of the necessity for the location and the supervision

[Continued on page 2206]

## THE LAHEY CLINIC

605 Commonwealth Avenue, Boston 16, Messachusetts

#### POSTGRADUATE COURSE IN MEDICINE for GENERAL PRACTITIONERS

November 15, 16, 17, 1945

Methods currently used in the disquests of common clinical problems will be presented in lectures and demonstrations by members of the staff of the Labey Clinic The fee for the course will be ten dollars there will be no charge for those in military service Registration is limited Applications will be accepted in the order in which they are received

#### PROGRAM

9:00 a.m 9 40 10 20	Thursday November 15 1949 Disgnosis of Thyroid Disease Treatment of Hyperthyroidism	Lewis M. Hurzihal M.D. Elmer C. Bartels M.D.
10:40 11 20 2 00 p m 2 40	Intermission Peripheral Vasculer Disease Coronary Artery Disease The Psychlatric Patient Fainting and Convulsions	James A Evans M.D Hugh P Greeley, M.D Volta R. Hall, M.D Frank N. Allan, M.D
3:20 3 40 4 20 9 00	Intermission Treatment of Anemias Functional Indigestion Round table Discussion—Case Reports	Donat P. Cyr. M.D. Sara M. Jordan, M.D.
8 00 p m	Ten minute talks on surgical subjects Cancer of the Pancreas Cancer of the Stomach Anal Pruritus Thoracia Surgary Neurosurgical Treatment of Pain Cerebral Aneurysms Arthritis of the Hip Diagnosis of Sinus Disease Orchectomy for Prostatic Carcinoma	Richard B Cattell, M.D Samuel F Marshall, M.D Neil W Swinton, M.D Relph Adams M.D Gilbert Horrax, M.D Iames L Poppen, M.D G Edmund Happart, M.D Walter B Hoover M.D Earl E. Ewert, M.D
9:00 a.m 9 40	Friday November 19 1945 Menstrual Disorders Common Endocrine Problems	A Seymour Parker M.D. Lewis M. Hurxthal, M.D.
10 20 10 40 11 20 2:00 p m. 2:40	Intermission Addison e Disease Headaches and Dizziness Bronchial Asthma Ecrama	Elmer C. Bartels M D Frank N Allan M.D John L. Fromer M.D Harriet D James M.D
3:20 3 40 4 20 5 00 7:00 p m	Intermission Hypertension Chronic Pulmonary Disease Round table Discussion—Case Reports Dinner—Address	James A. Evans, M.D Stewart H. Jones M.D
1:00 p m	Newer Developments in Surgery	Frank H Lahey M.D
	Saturday November 17 1945	
9:00 a m 9 40 10 20	Colitie Jaundice	Everett D. Kiefer M.D. S. Allen Wilkinson, M.D.
10 40 11:20 2:00 p m 2 40 3 20	Intermission Peptic Ulcer Thrombophisbitis Problems in X ray Diagnosis Gout Intermission	Sara M. Jordan, M.D. James A. Evans, M.D. Hugh F. Hare M.D. Elmer C. Bartels M.D.
3:40 4 20	Disbetes Electrocardiography	Frank N. Allan, M.D. Lewis M. Hurxthal, M.D.
	REVIEW COURSES FOR VETERANS	

Review courses in medicine for periods of three months will be presented in 1846 for the benefit of physicians leaving military service

#### FELLOWSHIPS

As in the past, the Lishey Clinic continues to offer Fellowships providing long term training for physicians who desire to qualify for specialization in internal medicine surgery neuro surgery urology bone and joint surgery anesthesiology gastro-enterology roentgenology and otorhinolaryngology.

COMPLETE INFORMATION WILL BE FURNISHED ON REQUEST

[Continued from page 2204]

of the centers in rural areas They beheve they can be created and operated in carefully selected areas with no damage to free and unfettered prac-Since no specific recommendatice of medicine tions are made at this time, we will not go into de-tails of their report. They do, however, recommend that a special committee or subcommittee be appointed by the President to make a survey of New York State to determine the need for such a The sugprogram and the areas to be cared for gested methods of operation are, of course, tentative, and if the survey indicates the desirability of estab lishing such diagnostic centers, then the details of management would have to be worked out care-Your Reference Committee recommends the appointment of such a committee by the President "

It is a Subcommittee of the Council Committee

on Pubho Health and Education.

The assignment of the study by your Chairman has been made by districts and the Committeemen

First District—Dr A. A Eggston, Dr S R Monteith, Dr S L Smith

Third District—Dr Kenneth Bott Fourth District—Dr Dan Mellen Fifth District—Dr George A. Marsden Sixth District—Dr I N Peterson Seventh District—Dr Walter Thomas Eighth District—Dr Peter DiNatale Chairman—Dr F Leslie Sullivan

These men have been engaged in a complete survey of each town, village, and city in each county of their district, and have carefully recorded these facts

1 Mapping the areas with town and county lines

Denoting the nearest exact figure of population in towns and villages of 3,000 or over, in cities and counties

Locating on these maps and in narration the number of effective and ineffective physicians, and the ratio relative to specialists and general practi-

tioners Locating all legally incorporated hospitals with specification as to type of hospitalization, proportionate number of beds, and remarks as to type of service, and as to whether it has sufficient service capacity for the community served Notation of x-ray, metabolic, electrocardiographic, and labora-tory service, and blood bank facilities

5 The location of all laboratories assisting in

diagnosis of any type Specification as to type, approved or unapproved, whether they are associated with or independent of a hospital, and the variety and scope of work done, that is, bacteriology, serology, pathology, tassue section, hematology,

milk and water examination, and so forth

It has been charged from time to time, as stated at the November 9, 1944 meeting of the Council, that several areas, particularly in the northern part of the State, are not amply covered by doctors or that the facilities for doctors to practice are not modern, thus the creation of this Committee to clarify to what extent diagnostic aid is lacking and We will have at hand, when the fundamentals are known, information and material so that discussion may be instituted relative to medical care in any region of New York State, with the exception of the City of New York and Long Island

It was the understanding of the Committee, as moved by Dr. Louis H Bauer, that this was a pre-

liminary study and later, if the need arose, a special committee or field worker might be hired to in-tensify the survey The primary purpose is to study the need for increased facilities for diagnostic aid in rural areas, and if such aid is found to be necessary, to determine where these Diagnostic Aid Centers should be located

The Committee has met regularly since its inception, the first meeting being held on December 9, 1944, and monthly to date We have consulted with the New York State Department of Health, Division of Laboratories, Procurement and Assignment Service, the Health Preparedness Commission, as well as the Planning Committee and the Committee on Public Health and Education of the Medical Society of the State of New York

It is not the duty or interest of this Committee to theorize on the socialistic trends in medical care, nor is it its duty to suggest plans of any type for the alteration of discovered difficulties or ills These remedies for poor quality care, lack of facilities, or personnel will be studied and suggested by the Planning Committee of the Medical Society of the State of New York, under the chairmanship of Dr John Stanley Kenney

This Committee might state, however, that if so desired, an experimental clinic for diagnostic aid might be set up in the counties of Schuyler, Chenango, and Tioga, or one station set up in the Fourth District to take care of the north and northeastern part of Delaware County, the southwestern part of Oswego County, and the southeastern part

of Schohame County

We are grateful for the assistance of the following people who so kindly gave of their time and advice Dr Gilbert Dalldorf, Director of Divisional Labora-tories, New York State Department of Health, Dr Edward S Rogers, Assistant Commissioner (Medical Administration) New York State Department of Health ment of Health, Dr Ruth Gilbert, Director of Diagnostic Laboratories, New York State Department of Health, Dr O W H Mitchell, Chairman, Committee on Public Health and Education, Medical Society of the State of New York, Dr Charles Post, Dr George Bachr, Dr Morris Maslon, Dr R L Yeager, Dr Leo Simpson, Dr Thomas Goodfellow, Assemblyman Lee B Mailler, Chairman, New York State Health Preparedness Commission, Dr Joe R Clemmons and Comdr William Burns, New York State Procurement and Assignment Service for Physicians, Dr Basil MacLean, Chairman, New York State Temporary Commission for Medical Care, and Dr Morton Levin, Assistant Director, Division of Cancer Control, New York State Department of Health

The composite report will be filed with the Secre-

F L SULLIVAN, M D, Chairman Subcommittee on Laboratory Service and Medical Care

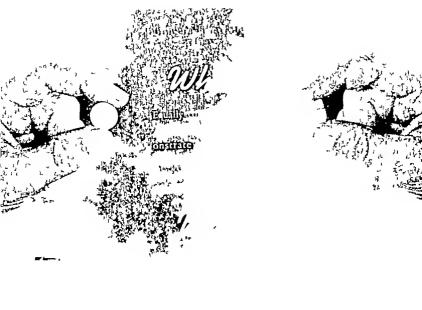
July 18, 1945

Appendix D The Hospital Forum

Agreement With Doctors Reached By State Executive Committee

Agreement in specific terms with representatives of the State Medical Society on the vexed question of the status of certain specialists in the hospitals was arrived at by the Executive Committee of the

[Continued on page 2208]



[Continued from page 2206]

State Association at the special meeting with the physicians' committee held in New York on February 17 This agreement, which is, of course, subject to the action of the governing bodies of the two organizations, is as follows

(a) It is agreed that pathology, anesthesiology, roentgenology, and physical therapy are medical services and the practice of medicine

(b) That these specialties are so recognized

(c) That an equitable arrangement can be made between the individual hospitals and the doctors who practice these four specialties, recognizing the above principle, whereby the hospital may bill for these services in the name of the person rendering the service (This can be done by inserting the name on the regular hospital billhead, i.e. Instead of x-ray, indicate "Professional Services of Dr., Roentgenologist")

(d) Until such time as a Medical Service Plan is available, there is no objection to inclusion of these medical services in the hospital service plan contract as long as the principle of recognition and proper remuneration to these specialists is carried out

Opportunity—The fate of the voluntary nonprofit hospitals is inextricably bound up with that of medicine, problems of either are problems of both, separate and unrelated consideration of those problems cannot produce correct solutions, therefore, hospitals and doctors must act in concert if care of the sick is to be conducted in a humane way and further progress is to be made in medical education and research

To the doctor is entrusted the solemn duty of protecting, preserving, and restoring health, but the fruits of the knowledge, skill, and experience of the physician cannot be given in full measure to humanity without abundant use of the many and complex facilities of the modern hospital. The doctor and the hospital are natural allies in the never-ending war against sickness, injury, and disease, they must

work together

It is in the light of these premises that the Medical Society of the State of New York and the Hospital Association of New York State have formed a Joint Committee to act as a medium through which it is hoped to achieve wider collaboration of efforts and closer coordination of activities between the groups, to develop a joint policy for guidance in dealing with other agencies which directly or indirectly influence the practice of medicine or the care of the sick and to recommend appropriate joint action in matters of mutual interest and concern to the hospitals and

Important matters have already engaged the

doctors of New York State

attention of the Joint Committee Steps have been taken to solve a problem that has long perplexed both groups For some reason the professional status of the specialties of rocitizenology, pathology, anesthesiology, and physical therapy has been clouded with misunderstanding and confusion. The hospital members of the Joint Committee agree with the doctors that the practice of those specialties constitute the practice of medicine and that the specialists should be accorded full professional recognition as doctors of medicine and should receive just remuneration for their services After lengthy discussion the Joint Committee has agreed on Amendments to the Workmen's Compensation Law and the Education Law that secm to meet the requirements of both groups They will be spon-The hospitals are giving full support sored jointly to the Medical Society in opposition to the chiropractic bill Here, then, is strong evidence of the need of a Joint Committee and its value to beth organizations

A good beginning has been made, but much mere remains to be done For one thing, the Joint Committee must be given the loyal and wholehearted

support of the parent bodies

Today the war-torn world knows well the tragic consequences of the evil policy of "divide and rule" It has brought civilization to the brink of destruction, yet through the years hospitals and the medical profession have unwitingly followed the precepts of this permicious doctrine. Outside groups are now invading the field of health but instead of meeting them by determined and coordinated action, medicine and the hospitals passively go their separate ways. Who amongst us will knowingly contribute to the continuation of such a policy? Who is willing to accept the responsibility for prolonging a condition that may have a far-reaching and deleterious effect on public health?

The efforts of the Joint Committee must not be allowed to fail Opportunity knocks loudly—let the doors be thrown open wide to admit goodwill, understanding, unity, and ecoperation by the hospitals and the medical profession. This is the true way to advance the cause of good health, the free practice of medicine, and the development of the voluntary nonprofit hospital system. Now is the time to benefit by the wisdom of the old adage, "in union there is strength"—tomorrow may be too

lato

Doctors and hospitals, close ranks! With mutual respect, confidence, and determination, let us go forward together to bring health in full measure to the people of New York

JOHN F McCORMACK

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# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL The members of the committee ore Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

### Teaching Day in Poughkeepsie

DSYCHOTHERAPY in general medicine was the subject of a regional teaching day at Hudson River State Hospital, in Poughkeepsie, on October 10 Presented under the auspices of the Dutchess County Medical Society and the Medical Society of the State of New York, the afternoon program began at 4 00 pm at the Pavillion at the State Hospital, with the meeting called to order by Dr. Donald Malven, president of the Dutchess County Medical Society.

The speakers at this session were Dr Leslio A Osborn, assistant professor of psychiatry, University of Buffalo, School of Medicine, who spoke on "The Recognition and Management of Psychiatric Problems in General Practice", and Dr James H Wall, assistant medical director, New York Hospital, Westchester Division, White Plains, whose subject was "The Psychiatric Aspects of Obstetrics and

Gynccology"

13

Dr George J Jennings, chairman of the Program Committee of the Dutchess County Medical Society, was chairman of this meeting

Dr Foster Kennedy, professor of clinical medicine (neurology), Cornell University Medical College, gave the evening lecture at 8 30 pm on "The Neuroses Related to the Manic-Depressive Constitution."

This meeting was held under the chairmanship of Dr Scott Lord Smith, chairman of the Public Relations and Public Health Committee of the Dutchess

County Medical Soiety

Dinner was served at 7 00 p m at the Pavillion of the Hudson River State Hospital Physicians attending the meeting were the guests of the Dutchess County Medical Society The committee on arrangements included Dr George J Jennings, chairman, and Drs Chfford A Crispell, William E Garlick, Gilbert C MacKenzie, and James J Toomey

### Cardiac Emergencies

THE St Lawrence County Medical Society will hear Dr Edward C Reifenstein, Sr, speak on October 18 at 8 00 PM at the Potsdam Club, in Potsdam

Dr Reifenstein is professor of medicine at

Syracuse University, College of Medicine His subject will be "Cardiac Emergencies"

This postgraduate instruction has been arranged by the Council Committee on Public Health and Education of the State Medical Society

#### ROLLIER AND SUNLIGHT

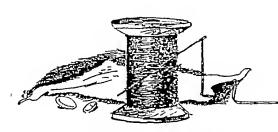
A few months ago the seventieth birthday of Prof Auguste Rollier was celebrated in a French-language Swiss medical journal <sup>1</sup> Rollier's name is known throughout the world for the sun treatment of nonpulmonary tuberculosis He began his work at Leysin in 1903 at a time when operative treatment had for some years been the rule for cases of so-called "surgical" tuberculosis—of bone and joint, of glands, and of the kidneys The results of operation, more especially in bone and joint cases, were unsatisfactory, miliary tuberculosis and sinuses were common sequels At Leysin Rollier showed that properly graduated exposure to the sun built up the resistance of his patients to their disease, healed their sinuses, and arrested their lesions The results he achieved led to the erroneous view that heliotherapy is a specific cure for nonpulmonary tuber-culosis, it is merely an adjuvant treatment, though a most valuable one, and must be combined with suitable orthopedic apparatus for immobilizing the affected bone or joint. Rollier always recognized this and combined heliotherapy with conservative methods of treatment—methods which had been

1 Rev med, Suisse Romi, June, 1944

employed at Berck-sur-Mer for about twenty years

before he began work at Leysin

Rollier's method has been described as the "cure of altitude and exposure to the sun", and the Swiss mountains have the advantage both of a clear atmosphere and of many hours of sunshine But there is some divergence of opinion about the type of climate best suited to the tuberculous patient. The climate best suited to the tuberculous patient late Sir Henry Gauvain, a pioneer of heliotherapy in this country and always an admirer of Rollier and his work, thought the English climate in spring and summer was ideal for sun-treatment owing to the Gauvain shared contrasts of light and shade. Rollier's enthusiasm for the use of the sun's rays for his patients with nonpulmonary tuberculosis, the treatment being given only to those who could respond with pigmentation. Interest soon spread from natural to artificial sunlight, and after a period of uncritical enthusiasm the latter was finally accepted as a substitute which had a place in the treat-Rollier has ment of nonpulmonary tuberculous won a place in the history of therapeutics, and we join with our Swiss colleagues in the tribute paid to him —Brit M J, April 14, 1945



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Vitemin A	5000 U	S.P	unite
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Ascorbic Acid (Vitamin C)		37.1	5 mg
Thiamine Hydrochloride (Viti	amin B,)	1.5	5 mg
Riboflavin (Vitamin B. G)		2.0	mg.
Pyridoxine Hydrochloride (Vi	tamin B.)	0.3	2 mg
Calcium Pantothenate		1.0	mg.
Nicotinic Acid Amide (Nicotin	namide)	20.0	mg.
AVAILABLE IN BOTTLES	OF 24 100	ANI	250
	Trademark Hor	17 S. P	

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## Medical News

## International College of Surgeons to Meet in December

THE International College of Surgeons will hold its tenth annual convention and convocation on December 7 and 8, 1945, at the Mayflower Hotel, Washington, DC At this time approximately two

hundred men will receive their Fellowship scientific program is planned for both days Convocation exercises will be held Friday evening, December 7, in the Mayflower Auditorium

## Dr. Kress Appointed Director of State Cancer Institute

DR. Louis C Kness, former director of the Division of Cancer Control, assumed on September 1 the duties of director of the New York State Insti-tute for the Study of Malignant Diseases, Buffalo The appointment was made by Dr Edward S Godfrey, Jr, state commissioner of health, and has received the approval of the Board of Visitors as required by law

Dr Kress was graduated from the University of Buffalo School of Medicine in 1918 and did postgraduate work on bone tumors at Johns Hopkins University and in surgical technic at Printy's Chine, Chicago He became a Fellow of the American Col-

lege of Surgeons in 1932

He brings to the directorship a broad experience in cancer control acquired through his long association with the Institute and his work as diagnostician, surgeon, research investigator, and administrator connection with the Institute dates back to 1919, when he was appointed on the staff as voluntary as-During the ensuing twenty years he performed duties in all departments including surgery pathology, therapeutic and diagnostic radiology, and

In 1932 Dr Kress was appointed assistant director of the newly created Division of Cancer Control, serving simultaneously as chief surgeon at the Insti-tute As director of the Division since 1939 he has heen responsible for shaping the state program and policies A notable feature of his administration has been the development of a successful system of cancer morbidity reporting which has made available, for the first time, accurate information concerning the occurrence of cancer in the State Fourteen new tumor clinics have been established in upstate New York, bringing the total to thirty-nine, and a new organization, the Tumor Clinic Association of the State of New York, has been formed Postgraduate courses in cancer have been opened to members of every country medical society in the State

In a comprehensive campaign of cancer education, Dr Kress has utilized practically every channel of publicity including radio, motion pictures, lectures, exhibits, and the distribution of thousands of leaflets and other literature addressed to the public ing the past decade he has given hundreds of talks

before professional and lay audiences and for two successive years delivered a scries of radio talks, consisting of sixteen lectures each, over Station WEBR, He has spoken before medical groups Buffalo throughout New York State and has presented original papers before such organizations as the Buffalo Academy of Mcdicine, Canadian Medical Association, American Radium Society, Radiological and Orthopedic Societies of Boston, and the American College of Osteopathic Surgeons

Dr Kress has done extensive research on malignant tumors, which is recorded in numerous contributions to the scientific literature on bone tumors, radiation therapy, and the various clinical forms of cancer as well as the public-health aspects of cancer

control

In the role of teacher, he has contributed further to the advancement of education in neoplastic dis-

He is associate in surgery on the faculty of the University of Buffalo School of Medicine and has lectured at Albany Medical School, the University of Syracuse School of Mcdicine, and Ohio State Uni-

Dr Kress is consultant in cancer to the United States Public Health Service, the Hospital of the Sisters of Charity and the Mercy Hospital, Buffalo, and the Gowanda State Hospital He is consultant in oncology at the E J Meyer Memorial Hospital and attending physician, cancer service, at Deaconess Hospital, Buffalo

He has participated actively in the work of state and national cancer organizations He is chairman of the Executive Committee and Board of Managers, New York State Branch of the American Cancer Society, councilor, Tumor Clinic Association of the State of New York, member of the Subcommittee on Diseases of the Chest, Medical Society of the State of New York, and member of the Executive Committee of the American Public Health Cancer Asso-He is affiliated with many other medical and research groups including the American Cancer Research Society, American College of Surgeons, American Radium Society, North American Radiological Society, and the Buffalo Academy of Medi-

### Fellowships in Public Health Available

THE New York State Department of Health has available a limited number of fellowships for physicians desirous of equipping themselves with the necessary field and academic experience for the practice of civilian public health on a full-time basis six to twelve months of orientation and field work are provided under the guidance of experienced district state health officers followed by an academic year at a postgraduate school of public health where the master's degree in public health is earned. Fel-

lowship provisions are generous and include tuition Those completing the training are professionally qualified for appointment on the staff of most local and state health departments

Applicants must possess certain basic qualifica-tions among which are United States citizenship, graduation from a medical school approved by the American Medical Association, internship of at least one year's duration in a general hospital approved

[Continued on page 2214]

## In Peptic Ulcer... $Hyperacidity\dots$ Gastritis...

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Greater Acid .

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Its antacid action is powerful, one tea spoonful neutralizes 86 cc of N/10 HCl. It is prolonged, extending over fully four hours

Hence fewer doses are needed, the customary 11 P M administration usually holding the patient comfortable through the night

Magmasil is free from the drawbacks and limitations of many other antacids. There is no alkalosis, no chloride depletion, no undesirable astringency, no constipation which has made the patient uncooperative with other methods

Pain and pyrosis are stopped promptly, and healing is brought about rapidly

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[Continued from page 2212]

for internship by the American Medical Association, and licensure to practice medicine in New York State or eligibility to take the examination to obtain such license The upper age limit is 35 years Physicians interested in making application for a fellowship should write to the State Department of Health, Albany 1, New York.

### Educational Program of the Oklahoma State Medical Association

UPON the recommendation of the president, Dr V C Tisdal, the following educational program has been adopted by the Oklahoma State Medical Association

Public education through the press, radio,

motion pictures, and a speaker's bureau

Postgraduate programs to the doctors of the state, refresher courses from the State Medical School, residencies, cooperation with the State Medical School in added facilities, including research facilities, for returning servicemen and civilian doctors

3 Postwar planning for the placement of doctors

now in the armed services

Intimate contact between the State Associa-(Details of this tion and county medical societies program are presented in the May Journal of the Oklahoma State Medical Association.)

The program was initiated by a series of meetings in the various Councilor Districts All but two of the ten districts have been covered, and these meetings will be held in September Members of the Speaker's Bureau have spoken on the following subjects cancer, tuberculosis, obstetrics, pediatrics, medical programs of educational work to the profession and the public, the Blue Cross, prepaid surgical and obstetric plan, regimented medicine, and the responsibility of the profession to the public. In two of the meetings there were special programs for The attendance and reception of the the public program were most gratifying

Speakers included, in addition to the officials of the State Medical Association, the Dean of the School of Medicine, the President of the newly organized State Board of Health, the State Commissioner of Health, members of the faculty of the Medical School, and other outstanding men of the profession The Governor, heads of educational institutions, outstanding educators, and other publicspirited citizens have volunteered to participate in educational programs

A Speaker's Bureau has been organized, consisting of more than two hundred members of the medical profession Sixty-two outstanding laymen, including the Governor, the president of the University, and the president of Oklahoma A and M College, have agreed to participate

In addition to the above, short movie trailers on medical subjects will be available to the movie theaters of the state These subjects will include cancer, tuberculosis, immunization, sanitation,

These trailers are to be censored by representatives of the American Medical Association, as well as the State Medical Association Of course, an attempt will be made to have them presented in a way that they will be of educational value to all the people. The key to this program is the fact that for every soldier killed in the service, seventeen people die in this country from preventable causes

Members of the Speaker's Bureau will contact civic clubs, high schools, colleges, churches, chambers of commerce, women's clubs The trailers will reach the audiences of most of the movie houses press will be furnished with well-edited information on public health and preventive medicine. It is hoped to use the radio to the best possible advantage, not only through donated time, but by the use of commercial spot programs.

From the above you will see that Oklahoma has an energetic practical program of education. It is felt that such a program is the best method of meeting the efforts of the socialistic groups to enter the field

of medicine

## County News

Albany County

Dr Alton J Spencer, resident in obstetrics at Brady Maternity Hospital, Albany, since 1943, has resigned to establish a private practice in Amsterdam. No successor has yet been named.\*

Dr Robert R. Faust heads a group of physicians from Albany and the Capital district who have formed an informal study group under the name of the Albany Society for the Advancement of Psychosomatic Medicine

The organization's objective is stated as "the advancement of medical science through the development of deeper appreciation of the importance of psychologic force in connection with somatic conditions, and the translation of such concepts into a more complete and rational therapy"

Dr Alva Gwin is secretary and Dr Clinton P McCord consultant to the group The executive committee consists of Dr Otto A. Faust, chairman, Dr Paul B Brooks, Dr Newton J T Bigelow, Dr

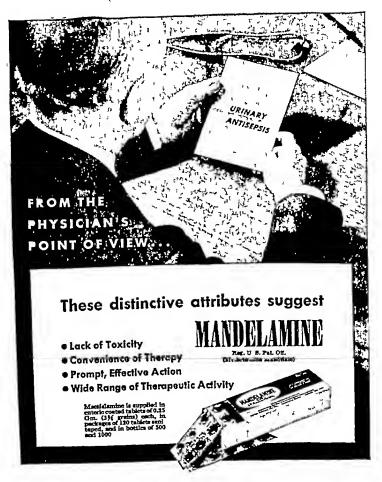
\* Asterisk indicates that item is from a local newspaper

Tiffany Lawyer, Dr William Kaufmann, Dr Elizabeth Palmer, Dr Marjone F Murray, Dr Carl R Comstock, Dr Morton L Levin, Dr Hazel Curry, Dr George K Butterfield, Dr Irving R. Justter, and Dr Harold G Haskell.

The regular meeting of the county society was held in the auditorium of the Albany College of Pharmacy on September 26 at 8 30 p m The scientufic session consisted of an address by the vice-president, Dr Raymond G Leddy, on "The Acute Abdomen in the Child."

Dr Arthur J Wallingford, professor of gynecology at Albany Medical College, will be among the speakers at a physicians' conference in Albany October 18, sponsored by the county society and the State Health Department The meeting is one of a series on cancer planned in upstate cities by the department and local medical societies.\*

[Continued on page 2216]



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[Continued from page 2214]

Col Eldridge H Camphell, Jr, Albany physician, was awarded the Legion of Merit in a ceremony at Caserta, Italy, in recognition of outstanding service as chief of surgical service, 33rd General Hospital, with which many Albany doctors served in the Mediterranean Theater

Colonel Campbell received his medical degree from Johns Hopkins University and holds a bachelor's degree from Oxford University He entered service in June, 1942, and went overseas in July,

1943 \*

#### Erre County

Appointment of Dr Gene Hofmeister Clarke, of Buffalo, as a physician in the division of child hygiene has been announced by Health Commissioner Francis E Fronczak He will substitute for Dr Arthur F Glaeser, now on leave of absence to serve as diagnostician in the division of communicable diseases \*

#### Greater New York

Confirming the intention of the physicians of Greater New York to support the new "all-coverage" plan of medical care insurance, as announced on September 4 by United Medical Service, Ine, the following statement was issued by Dr William B Rawls, Chairman of the Coordinating Council of the Five County Medical Societies of Greater New York, and by the presidents of each of the societies Dr Kirby Dwight, of New York County, Dr Frank LaGattuta, of the Bronx, Dr Joseph Tenopyr, of Kings, Dr Edward C Veprovsky, of Queens, and Dr Milton S Lloyd, of Richmond County

"When United Medical Service was introduced to the people of New York City last January, the Chairman of the Coordinating Council of the Five County Medical Societies promised on behalf of the doctors that an effort would be made soon to introduce a comprehensive medical eare insurance plan Now—much sooner than many had thought pos-

sible—this promise is being fulfilled

"The all-coverage plan of United Medical Service is truly a pioneering venture in medical insurance. It is broader than any other community program now in effect in the eastern United States. The medical profession of New York City strongly supports the principle of voluntary medical insurance and welcomes this plan as a major step in the profession's effort to make good medical care available to all the people through voluntary insurance plans. The physicians are glad to take part in this initial undertaking of a general coverage contract with every hope that through the combined efforts of the United Medical Service, the public, and the medical profession, this plan may prove successful and be extended in the near future to all the people who may want to avail themselves of it"

The new plan, as outlined in a statement by Rowland H George, president of United Medical Service, comprises a group plan for the provision of medical, surgical, and materinty care, including aftercare, in the home and doctor's office, as well as in the bospital Specified payments will be made also toward the services of qualified specialists

The expanded service will be limited to a maximum enrollment of twenty-five thousand persons "until further expansion is justified on the basis of actual experience" Full coverage will be provided

to families with incomes up to \$2,500 or individuals earning up to \$1,800 annually. Subscribers whose incomes exceed these limits are entitled to partial payments against medical expenses incurred.

United Medical Service now has some one hundred and thirty-seven thousand subscribers covered by more limited plans of medical or surgical care More than eight thousand physicians have agreed to participate in the United Medical Service program

#### Jefferson County

Dr L Otis Fox, Brownville, practicing physician in that village for the past ten years, opened offices in Watertown, on September 4.

Dr Fox will continue to make his residence in Brownville and also continue his evening practice

there \*

#### Monroe County

Dr Charles M Carpenter, associate professor of bacteriology and public bealth, University of Rochester School of Medicine and Dentistry, Rochester, has been sent to the Philippine Islands on a special medical mission by the Office of Scientific Research and Development In cooperation with the medical corps of the Army, Dr Carpenter will make an investigation of venereal diseases, on which be is a special consultant for the U S Public Health Service

Ending eighteen years in the Rochester Health Bureau, Dr Norris G Orchard, deputy health officer, has retired, as of October 15 He will move to Cape Cod to resume private practice in pediatrics

Dr Orchard, who was appointed city health physician in 1927, assumed his present post February 16, 1942, as successor to Dr Joseph Roby, who retired

in the previous September

He has been in charge of venereal disease work for the city and has worked in the same field for the

State Department of Health

A graduate of Johns Hopkins, Dr Orchard first went to Rochester in 1907 to intern at the former City Hospital, now the Rochester General Hospital, of which he later became a staff member He is also on the staff of Strong Memorial Hospital and has lectured on pediatrics at the University of Rochester School of Medicine During World War I he served with the medical corps at General Hospital No 1 in New York City \*

#### Nassau County

Four members of the county society bave returned from the armed services and are now engaged in

private practice

Dr John H Maurer, former Rockville Centre physician, has returned to general practice in Hempstead in the office of the late Dr William T Chamberlain Dr Maurer saw service in European theaters and held the commission of captain in the U S Army

Dr Louis J Gelber, former major in the U S Army, has resumed the private practice of radiology

at Rockville Centre

Dr Edward Held, former heutenant commander in the Navy, has returned to general practice in Hempstead, and Dr Arthur Frucht, who beld the rank of captain in the U S Army, is limiting his practice to radiology at his office in Hempstead

[Continued on page 2218]

## As the Carbohydrate Content of the National Diet Increases

The changes which have occurred in the national dietary during the war period, especially the increased consumption of carbohydrates, lend new importance to dietary supplementation with B vitamins. To assure better utilization of a diet high in carbohydrates, and to prevent or correct deficiencies of vitamin B complex factors, NOVI PLIX provides a rational, adequately potent formula

Because it contains the entire B complex, as obtained from high potency yeast concentrate, in ad dition to crystalline factors in approximately the proportion required by the human organism, NOVIPLEX supplies all of the natural B vitamins, including choline, inositol, and biotin.



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Thiamine hydrochloride (B<sub>1</sub>) 1 mg Riboflavin (B<sub>1</sub> G) 1 mg Nicotnamide (nacinamide) 8 mg Pyridoxine hydrochloride (B<sub>2</sub>) 0 5 mg. Calcium pantothenate 1 ms

Plus all other factors naturally occurring in yeast concentrate Noviplex is supplied in bottles of 100, 500 and 1000 capsules.

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[Continued from page 2216]

#### New York County

Dr I Norwich, assistant superintendent, Johannesburg Hospital, Johannesburg, South Africa, will fill one of the first S S Goldwater fellowships in hospital administration at Mount Sinai Hospital, according to the *Modern Hospital* The fellowship permits one year of study and observation at Mount Sinai Dr Norwich, who is to arrive in the fall, is a native of Johannesburg and has done graduate medical study in England Another fellowship has been granted to Marguerite M Ducker, research assistant in the program in hospital administration at Northwestern University, Chicago On completion of the fellowship, Miss Ducker is expected to return to the teaching staff in hospital administration at Northwestern

The Association for the Advancement of Psychoanalysis held its first regular meeting for 1945–1946 at the New York Academy of Medicine on September 26 Dr Karen Horney presented a paper entitled "The Role of Imagination in Neurosis" The discussion was opened by Dr Harold Kelman

The Bellevue Hospital Unit, serving in Paris as the Army First General Hospital in the European theater, was commended for "outstanding service" by Maj Gen Paul R. Hawley, chief surgeon of the area, in a letter made public on September 20 by Dr Edward M Bernecker, Commissioner of Hospitals

The commendation was the second such received by the unit, the first having been made by Surgeon General of the Army Norman T Kirk in September, 1944, after he had completed an inspection tour of

the European battlefront

Stating that Bellevue Hospital "can be very proud of the unit," Major General Hawley wrote "I find myself at loss for words to describe the superb quality of medical personnel that came with this unit "

The outfit, with a personnel of over six hundred, was made up in 1942 of sixty-seven doctors, all formerly associated with the hospital, one hundred and twenty nurses, either on military leave from Bellevue or trained at the institution, and five hundred enlisted corpsmen, technicians, and orderlies of the enlisted personnel was trained at the hospital It is headed by Dr Currier McEwen, chief medical officer, and Dr John H. Mulholland, chief surgical officer, dean and assistant dean, respectively, of the College of Medicine of New York University, and Miss Thelma Ryan, head of the Nursing Division, who was a member of Bellevue's faculty

The unit was sent to Mimms, near London, in December, 1943, and operated in Nissen huts and tents to care for casualties injured by Nazi flying bombs In October, 1944, it was moved to head-quarters near Pans where Major General Hawley wrote that it became necessary to draw heavily on its personnel to strengthen weaker units "They have always had an equally good man to

replace ones that I had to take away from them," he wrote "Those who still remained with the unit maintained the same high standards of professional care that characterized this unit in the early days"

Still in France, the outfit is expected to be re-

turned to the United States late this year

The following physicians successfully passed the written examination for fellowship in the American College of Chest Physicians held in June, 1945, and will be awarded their Fellowship Certificates at the next convocation of the College Dr Herman 8 Cutler, of Staten Island, Dr Norman Diamond, of the Bronx, and Dr Henry Young, of New York

The convocations are held in conjunction with the annual meetings of the College, which will again be

resumed in 1946

The weekly Gastroenterologic Conferences at Bellevue Hospital were resumed on October 1, 1945, at 3 00 PM They are conducted in the G6 amphitheater, and as in previous years consist of a presentation of the clinical and radiologic findings of those current abdominal cases that have come to operation or autopsy

A series of practical in-service training and observation courses in the diagnosis and treatment of the venereal diseases started on October 1 under the auspices of the Bureau of Social Hygiene of the New

York City Department of Health

Each course will last for two weeks, and sessions will be held daily from 9 00 a.m to 12 00 noon in the Central Social Hygiene Clinic of the Health Department The daily conferences will present opportunities for observation of all clinical and laboratory procedures in the diagnosis and treatment of the venereal diseases Didactic discussions will be kept to a minimum No fee is required

The first course started Monday, October 1, and new courses will begin every two weeks thereafter Advance registration is necessary, since attendance at each course will be limited to six physicians Interested applicants should register with the Director, Bureau of Social Hygiene, Department of Health, 125 Worth Street, New York 13, New York

Practitioners who have recently returned from service in the armed forces will find this course a practical means of bringing themselves up to date on

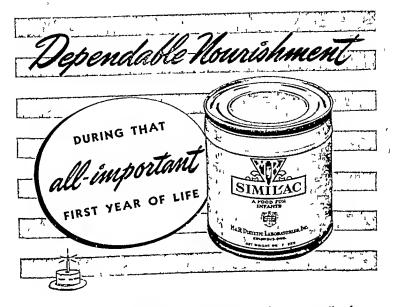
modern venereal disease control.

This clinical observation course supplements the regular weekly Saturday morning lecture series at the Health Department which started on September 22

Onondaga County

Dr George H Stephens, veteran Syracuse physician, is the new surgeon for the fire and police departments Dr Stephens has been on the job since September 1 \*

The thirteenth meeting of the Western New York and Ontario Urological Society of the Central Section of the American Urological Association was held in the Hotel Syracuse, Syracuse, on September 20 and 21 The September 20 session began at 9 00 AM with registration, which was followed by two lectures, "The Failures of Penicilhn," by Dr Edgar Slotkin, of Buffalo, and "A Study of the Regeneration of the Epithelium of the Prostatic Urethra Foltion of the Epithenium of the Prostatic Cretifia Pol-lowing Resection, "illustrated with lantern shdes, by Dr N E Berry, of Kingston, Ontario Following lunch at 12 45 Dr R H. Flocks, Iowa City, Iowa, spoke on "The Prophylactic Treatment of Recur-rent Renal Calcul," with discussion by Dr David R. Mitchell, of Toronto Following this was a symposium on carcinoma on the bladder, consisting of [Continued on page 2220]



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[Continued from page 2218]

two lectures "Treatment of Carcinoma of the Bladder for the Past Five Years, with Special References to Closed Method of Treatment," by Dr William A Milner, of Albany, and "The Placement of Coagulation, X-Ray, and Radiation in the Treatment of Bladder Tumors," by Drs Ernest M Watsperfeld of the Charles of Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors, "by Drs Ernest M Watsperfeld of the Placement of Bladder Tumors," by Drs Ernest M Watsperfeld of the Placement of the Plac son and Charles C Herger, of Buffalo, and discussion by Drs Robin Pearse, Toronto, W W Scott, Rochester, and R H Flocks, Iowa City, Iowa At 4 45 pm Dr Gordon Foulds, of Toronto, made the Presidential Address A business meeting, social hour, and annual banquet finished the day's program At 9 30 AM on September 21 Dr J M
Carlisle, of Rahway, New Jersey, spoke on "Streptomycin and Its Future Use in Urology," followed by
discussion by Dr James C McClelland, of Toronto
Dr Clyde L Deming, of New Haven, Connecticut, then spoke on "Prognosis and Problems in Renal Tumors," with discussion led by Drs Frederick J Parmenter, of Buffalo, and Elmer Hess, of Erie, Pennsylvania

#### Orange County

Navy Licutenant John C Brady, former Newburgh doctor serving with the 4th Marine Division, was awarded the Bronze Star for meritorious achievement on Iwo Jima, where he braved a heavy enemy barrage to care for the wounded of a hard-hit infantry battalion

#### Queens County

A Silver Star for gallantry was announced by the Army on August 27 for a prewar Flushing Hospital intern who distinguished himself by volunteering to aid casualties under such murderous fire in France that a tank had to be used to reach them

The exploit He is Capt Walter E Marchand that won the doctor recognition for outstanding courage took place June 22, 1944, according to the citation presented recently at the Assembly Area Command at Camp New Orleans, near Chalons, a redeployment center \*

Cmdr James L McCartney, formerly an Albany physician, has been released from active service after forty months in the Naval Reserve, and has resumed private practice at Garden City

Commander McCartney was in charge of the neuropsychopathic department of the Base Hospital at Timan in the Marianas Islands

Previously he had served at Pearl Harbor and in

the Marshalls and Gilberts

An Army veteran of the first World War, Commander McCartney practiced for a number of years in Cluna, and for several years was director of classification in the New York State Department of Correction \*

## Necrology

John A Belch, M D, of Syracuso, died on August 18 of a heart attack. He was 81 years old native of Kingston, Ontario, Dr Belch had practiced in Syracuse for more than fifty years. He received his medical degree in 1889 from the Royal College of Physicians and Surgeons, Kingston, Canada He was formerly obstetrician at Crouse-Irving Hospital, in Syracuse, and was a member of the Medical Society of the State of New York, Onondaga County Medical Society, and the American Medical Association

Harry S Borowick, M D, of Brooklyn, died on September 20 at the age of 53 He was graduated from the New York University and Bellevue Medical College in 1924, and was on the staff of the Israel

Zion Hospital in Brooklyn

Milton A Gershel, MD, of New York City, died on September 7 at the age of 70 Dr Gershel was among the first medical men to isolate organisms from the blood of patients suffering from bacterial endocarditis He received his medical degree from the College of Physicians and Surgeons, Columbia University, in 1900 He served as house physician at Mount Sinai Hospital and was later resident physician for the Sheltering Guardian So-

ciety Orphan Asylum

Abraham L Greenberg, MD, of Brooklyn, died on July 15 at the age of 50 He was graduated from Fordham University Medical School in 1919, and was a diplomate of the American Board of Urology, fellow of the American College of Surgeons, and a member of the American Urologic Association, the Medical Society of the State of New York, Kings County Medical Society, and the American Medical Association He was associate attending urologist at Beth-El Hospital, assistant attending urologist at Brooklyn Jewish Hospital, and attending urologist in the outpatient department of Beth-El Hospital in Brooklyn

William Avery Groat, M D, of Syracuse, president of the Medical Society of the State of New York from 1938 to 1939, died on September 9 at the He was a member of the faculty of the Syracuse University College of Medicine for forty years until his retirement in 1943 After graduation from Syracuse University College of Medicine in 1900 he joined the staff of the College as instructor in chemistry, and was later named professor of chinical pathology. He was director of laboratories at St Joseph's Hospital, Syracuse, and in 1938 was chief of the Syracuse Memorial Hospital medical department. A follow of the American College of department A fellow of the American College of Physicians, a fellow of the American Chinical Pathological Society, the American Society for the Study of Goiter, a member of the State and county medical societies and the American Medical Association, he also served on the management committee of The New York State Journal of MEDICINE and was a contributor to many other medical publications

Stanton Hendrick, M.D., of Oneonta, died no

[Continued on page 2222]



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2222

August 10 at the age of 80 Dr Hendrick was graduated from Albany Medical College in 1892, and in 1944 the college presented him with a gold decoration in recognition of fifty years of meritorious service to humanity He was on the staff of the Fox Memorial Hospital in Oaeonta, and was a member of of the State medical society, Otsego County Medical Society, and the American Medical Association.

Charles Gilmore Kerley, M.D., of New York City, died on September 7 after an illness of a few days He was 82 years old Dr Kerley retired in 1943 after devoting half a century to the treatment of diseases of children He had been president of the American Pediatric Society and the New York County Medical Society, a licentiate of the American Board of Pediatrics, a fellow of the Academy of Medicine and the American Academy of Pediatrics, as well as a member of the State and County medical societies and the American Medical Associa-He received his medical degree in 1888 from New York University College of Medicine, and for the next four years was resident physician at the Mt Vernon Infant Asylum, later becoming a professor at the New York Polyelinic Medical School His subsequent hospital appointments included consultant pediatrician for the Babies Hospital and the Hospital for Joint Discases, St John's Hospital, in Yonkers, Tarrytown Hospital, Methodist Hospital, in Brooklyn, Greenwich Hospital, Connecticut, Vassar Hospital, and Sharon Hospital, which is now building a children's wing in his honory with the most winder. which is now building a children's wing in his honor. He was the author of six books, the most widely known among laymen being Short Talks with Young Mothers, published in 1902, and revised several times. His textbook, Practice of Pedatrics, is widely used in medical schools throughout the world. In 1892 he served as assistant and resident physician at the Bavarian Women's Clinic, in Minish and also did nectored ducto week in Minish. Munich, and also did postgraduate work in Munich He returned to this country in 1893 and Vienna to specialize in pediatrics, and became a well-known child psychologist

Elmer Lee, MD, of New York City, died on June 13 at the age of 89 Dr Lee received his medical degree from Washington University, in

St Louis, in 1882
William Maloney, M.D., of Cape Vincent, died on September 5. A graduate of the New York University and Bellevue Medical College, class of 1898, Dr. Maloney was associate physician on the staff of the House of the Good Samaritan, Water-town, and the Mercy Hospital, in Watertown He is a member of the Jefferson County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Edward F Marsh, M D, of White Plains, died on September 4 at the age of 86 He was graduated in 1882 from Albany Medical College and practiced in Brooklyn for forty years before his retirement in 1933 Dr Marsh was a member of the Kings County Medical Society, the State medical society, and the American Medical Association.

charles McDowell, MD, of Brooklyn, for more than fifty years professor of physiology and hygiene at New York Medical College, and professor emeritus for the last ten years, died on August 31 after an illness of over a year He was 87 years old He received his medical degree in 1878 from the New York Homeopathic Medical College, and studied at Leipzig, Paris, Vienna, and London before returning to New York to enter general practice Formerly director of the department of

physiology at New York Medical College and professor of public health, he was a member of the American Institute of Homeopathy, the Homeopathy pathic Medical Society of New York State, the Homeopathic Medical Society of New York County, and the American Public Health Association

Blasius A. Pinnola, M D, of Brooklyn, died on March 10, 1944 at the age of 48 Dr Pinnola re-ceived his medical degree from Georgetown Uni-

versity Medical College in 1925

Joseph Chauncey Gerard Regan, MD, of Brooklyn, died on August 15 at the age of 52 Dr Regan was a licentiate of the American Board of Pediatrics, and a member of the American Academy of Pediatrics, the Brooklyn Pediatric Society, the Kings County Medical Society, of which he was chairman of the milk commission, the Medical Society of the State of New York, and the American Medical Association He was graduated in 1972 for the New York and Bellowing 1913 from the New York University and Bellevue Medical College, served his internship at St Mary's Hospital, in Brooklyn, and was later pediatrician at St Catherine's Hospital, in Brooklyn, consulting pediatrician to St Mary's and St Charles, in Brooklyn and Port Jefferson, Holy Name Hospital, in Teaneck, New Jersey, and the nursery school of St John's College for Women He was also formerly lecturer, associate professor, and clinical professor at the Long Island College of Medicine, and author of many papers dealing with acute infectious diseases of children

Daniel Lee Rogers, M.D., of Bolton Landing, died on September 11 at the age of 84 Hc was graduated from the University of Vermont with a medical degree in 1886, and was on the staff of the Glens Falls Hospital Coroner of Warren County for the last thirty-two years, he was a member of the State and County medical societies, and the

American Medical Association

Bradford Wyckoff Sherwood, M D, of Syracuse, died on August 29 at the age of 86 Previous to his retirement in 1943 he had practiced in Syracuse for fifty-five years and was on the staff of the Syracuse General and University hospitals Ho was graduated from Hahnemann Medical College, Philadel phia, in 1890, and was a member of the American Institute of Homeopathy, the State Homeopathic Society, and Syracuse Academy of Medicine

Bruce T Smith, Capt., (MC), of Fort Covington, died in Belgium on September 19, 1944. Captain Smith was serving with the 389th Eng G S Regment at the time of his death Previous to his each previous trance into service he had been physician on the staff of the Alice Hyde Memorial Hospital, in Malone He received his medical degree in 1925 from McGill Medical College, in Canada, and served his internship at the Montreal General Hospital He was a member of the Franklin County Medical Secrety, the State medical secrety. County Medical Society, the State medical society, and the American Medical Association

James Watt, MD, of Now York City, died on August 17 at the age of 68 Dr Watt was medical director for the New York offices of the Union Carbide and Carbon Corporation and the General Foods Corporation He received his medical de-gree in 1900 from the Long Island College of Medicine, and was on the staffs of the College, and the Flower and Fifth Avenue and Midtown hospitals He was a fellow of the American Collego of Surgeons and a member of the Brooklyn Surgical Society, the Brooklyn Pathological Society, the medi-



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cal societies of New York State and County, and the

American Medical Association

V Hugh Williams, M D, of Owego, died suddenly at his home on August 27 He was 43 years old He was graduated from the Syracuse University College of Medicine in 1927, served his internship at Binghamton City Hospital, and was a member of the hospital staff until 1929, when he went to Owego

Hc was a member of the Tioga County Mcdical Society, the Medical Society of the State of New York, and the American Medical Associa-

#### WHY GRADUATES AVOID RURAL AREAS

It has long been a source of concern to those interested in the Nation's health that the number of physicians seeking locations in rural communities has diminished to such an extent that certain areas have suffered for want of necessar, medical service Dr I H. Manning, of Chapel Hill, North Carolina, comments on this situation in an article appearing in the October (1944) issue of the North Carolina Medical Journal

"Let us accept as a fact that the rural population as a whole is not receiving adequate medical care The usual explanation given is the scarcity of doctors in the rural sections. In many counties, however, wherein there are adequate hospital facilities and several if not many doctors, this explanation will not hold water With the good roads throughout these counties the transportation time from any part of the county to a hospital is not more than an hour, and except in a small percentage of cases the immediate need is not so great that this time is a

factor
"If, therefore, the rural population in such counties
adapted medical service the explanation is not the scarcity of doctors, but is largely,

if not wholly, economic

"In counties where adequate hospital facilities are not available and where there is an actual scarcity of doctors, the problem is again largely economic Doctors cannot be expected to locate in any sec-For this tion in which they cannot make a living situation the only remedy is the subsidy

are, however, other factors
"The graduates of medical schools are thoroughly instructed and trained in the practice of scientific medicine which requires laboratory and hospital facilities, although not necessarily hospital accommodations A section in which none of these essentials are available will not attract a young doctor who has had such training and who has some ambition, and it is safe to predict that few of our graduates will locate in rural sections under such The problem is to improve the condiconditions tions "

The Duke Foundation has been building hospitals in various counties of North Carolina for the purpose of attracting doctors to rural areas hospitals are maintained by the community except that the Foundation pays one dollar a day toward the care of charity patients However, it appears that, despite the generosity of the Foundation, cconomic conditions have been such in some parts

of the state as not to justify the erection of a hospital Under such conditions, Dr Manning makes the

following suggestions

"An alternative and less costly means of making practice in the rural sections more attractive is the establishment of a 'diagnostic laboratory,' which has been successfully tried out in Michigan as a project of the Kellogg Foundation The laboraproject of the Kellogg Foundation tories are equipped to furnish at low cost such laboratory information as the doctor may desire. According to the published reports, such a laboratory may become self-supporting within eighteen months Eventually it may become the nucleus of a hospital or at least a clinic A laboratory may be set up in connection with the County Health Department for this purpose

"The clinic seems to offer the most promising solution of the problem of making the rural sections

more attractive to the doctors

Dr Manning points out that there are a number of such chinics operating in North Carolina, all of them privately owned and limiting their services to "Such minor surgical operations and obstetrics climes, if adequately equipped," Dr Manning continues, "will answer the purposes of a general practitioner in a rural community Unfortunately the young doctor, fresh from a hospital training and perhaps in debt for his education, cannot afford a clinic, but if such a clinic is made available some of the recent graduates who prefer an independent practice and the opportunity to get quickly on their feet financially will accept the chance of a rural practice and later may take over the clinic as a private enterprise.

"To make this suggestion operative there is need for a revolving fund to finance the venture a chance for some foundation to render a real service

to the rural population

"As the clinic does not provide for major surgical operations, and should not attempt to do so, the rural population must depend upon some hospital in near-by towns or cities, or upon a state-supported general hospital, as suggested by the Governor, where such work can be done safely For these major hazards insurance is the only solution, and this can be brought within reach of the rural population through voluntary health insurance associations, which are designed for the protection of the low-income groups and furnish the service at the lowest possible cost consistent with sound business"\_\_\_ M Ann, District of Columbia, January, 1945



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## Hospital News

### New Plan Offered to Aid Handicapped

R ECOMMENDATIONS for regional rehabilitation hospitals that eventually would form a nation-wide system were advanced on September 8 at the close of a two-day conference of the National Committee of the Severely Handicapped, at the In-

stitute for the Crippled and Disabled

Based broadly on a tentative blueprint issued recently by the Baruch Committee on Physical Medicine, a proposal for a comprehensive program was presented by the committee for study Col Howard A Rusk, chief of the convalescent division of the Office of the Air Surgeon, United States Army, presided

The national committee received favorably a plan submitted by Dr W T Sanger, president of the Medical College of Virginia, in Richmond It was concerned specifically with an ambitious plan for a rehabilitation center at that institution, which may become a demonstration center for six other smilar

setups in key cities
Michael J Shortley, director of the United States
Office of Vocational Rehabilitation and a member of the Baruoh subcommittee, indicated an urgent need of such centers in widely scattered communities "The end product of any rehabilitation project is

employment," he said

Asserting that the country needs a "highthouse founded on sound research," Dr Sanger envisaged a demonstration center of physical medicine and rehabilitation "so impressive, so authoritative, so challenging to current indifference and even opposition at points, as will advance this field with rapid and deserved tempo"\_\_\_\_

His colleague, Dr Frances A Hellebrandt, professor of physical medicine, exhibited blueprints and architects' drawings of the proposed center in Richmond and described rehabilitation work currently

being carried on at the Baruch Center of Physical Medicine at the Medical College of Virginia Using this center as a starting point, she said, it could be be "a lighthouse of influence throughout the country"

The center was opened on July 1, 1944, as a gift from Bernard M Barueh, adviser to presidents, who made similar grants to Columbia and New York

A survey of existing facilities resulted in a threefold program, Dr Hellebrandt said, including education, research, and services to the sick. More adequate facilities for Negroes are included, she added especially in the fields of physical and occupational therapy The plan carried recommendations for integration and expansion, accompanied by floor plans, and emphasized that the modern concept of rehabilitation should be interpreted to be a function of physical medicine

Mr Shortley pointed out that the program con-templates restoration of the severely handicapped

individual "physically, mentally, socially, vocationally, and economically"

Col John N Smith, Jr, director of the Institute for Crippled and Disabled, which has pioneered rehabilitation work since 1917, defined rehabilitation as the restoration of a handwarped person in terms as the restoration of a handicapped person in terms of his total situation to the fullest physical, montal, social, vocational, and economic functioning of which he is capable

He observed that Galen, a Greek philosopher, wrote seventeen centuries ago, "Employment is nature's best physician and essential to human hap-piness" In its broader sense, he acknowledged, rehabilitation was "a social problem with a medical

tion with the hospital ophthalmologist, makes it possible for Rhoads to provide patients with custom-

made artificial eyes in no more than six days from the date they first report to the laboratory

When a patient reports to the laboratory he is examined by Captain Brandt and is fitted with an

aspect '

#### Improvements

One of the four Berman metal locators thus far released by the government for civilian use has been donated to the House of the Good Samaritan, Watertown, by a Watertown donor The locator, operated on the radar principal, is adept at locating foreign metal objects which accidentally enter a patient's body

The Berman locator, credited with aiding physicians with treating 960 patients by nightfall December 7, 1941, at Honolulu Hospital, has been used four times already at the House of the Good Samaritan \*

The opening of a new artificial plastic eye laboratory at Rhoads General Hospital was announced on

August 30 by Col A J Canning, commanding officer.
Capt Sidney Brandt, DC, of Newark, New
Jersey, is in charge of the laboratory He will be assisted by Cpl Royden Scott, Buffalo, and Pfe Philip Goldstein, Brooklyn

The laboratory, operated under the direction of the dental service, is the third to be established by the Army in the Second Service Command and one of thirty in the country

The new facility, which operates in close conjunc-

iris disc is carefully painted by the captain, who has been carefully trained for this specialized type of work The painting is done with oil colors and a brush and the tint of the patient's good eye is reproduced

acrylic form in order to shape the socket Next the

almost exactly Next the patient is fitted with a wax form by Capt. Brandt, who pays particular attention to see that the contours of the eyelids are the same as the good eye The iris is then placed in the wax form and centered

From there the eye is invested in a dental mold processed in a sclerol-shade acrylic To give the eye a natural appearance, blood vessels are simulated by tiny rayon threads Finally, a thin layer of clear plastic is processed over the whole eye

These new plastic eyes have several advantages over the glass type They are unbreakable and their color and shape may be altered or changed after the

eye is completed \*

<sup>\*</sup> Asterisk indicates that item is from a local newspaper

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#### At the Helm

The Board of Trustees of Mount Vernon Hospital announced on August 22 "with deep regret," resignation of Arthur L Zerbey as president of the hospital He will continue to serve as a member of the board, however Harold B Storms, senior vice-president of the

hospital, will serve as president until a successor to

Mr Zerbey is appointed \*

William C Langley, head of the investment banking firm of W C Langley & Co, has accepted chairmanship of the campaign for \$2,750,000 to erect a modern 200-bed building for the recently combined Beekman-Downtown Hospital, it was announced on September 10 by Elisha Walker, chairman of the hospital's board

The new institution will serve Manhattan south of Canal Street, comprising the Wall Street financial district and the insurance, shipping, textile, wholesale, and City Hall and State building centers \*

Dr Edward R Baldwin was elected honorary president of the Board of Trustees of Trudeau Sanatorium at a meeting of the group held on August 25

in the recreation hall at Trudeau

This is the first time that an honorary president has been named by the trustees This office was selected for Dr Baldwin in recognition of his outstanding services and experience in the field of medicine

Dr Baldwin has been chairman of the executive committee of the sanatorium since the death of Dr Edward L Trudeau in 1915 Since that time Trudeau has marked its greatest expansion

In 1915 there was a capacity of approximately 115

and it has now grown to about 200 \*

### Newsy Notes

Charles F Kettering, vice-president in charge of research of the General Motors Corporation, was the principal speaker at the opening dinner of the sixtyseventh annual campaign of the United Hospital Fund of New York, at the Hotel Commodore on

The campaign this year seeks to raise \$1,661,255 needed by New York's eighty-six voluntary hospitals and homes which are members of the United Hospital Fund This figure represents the difference between the income and the operational costs of the

member institutions during 1944

Plans are under way for the construction of an additional 400-bed building for the Jéwish Samitarium and Hospital for Chronic Diseases, at a cost of \$1,000,000, Isaac Albert, president, announced on August 23 With the new building, the hospital, located in Brooklyn, will become one of the largest of its type in the country, Mr Albert said \*

The first step toward construction of a seven-story addition to New Rochelle Hospital has been taken as workmen began digging in the basement for a new

elevator pit, next to the present elevator shaft Immediately after Labor Day, the actual con-struction on the building began The seven stories will be constructed above the present administration offices Next year, it is expected that a new wing will be erected to take care of rapidly increasing

hospital needs

When figures were last compiled there was a total of \$360,000 in cash and pledges towards the \$750,000 goal needed for both construction jobs more than the estimated \$260,000 will be needed for the job under instant consideration which includes the elevator and the seven stones \*

The Benedictine Hospital, Kingston, expansion plans are ready and headquarters for a general drive for funds have been opened

It is planned to build a new wing in the form of a "T" extending south and east of the present structure, and this addition will have five floor levels

The basement will house a laundry, workshops, and boiler room The ground floor will be used for a new modern kitchen and dining rooms for nurses, medical staff, and general personnel On the first floor additional administrative offices and the pediatric department together with private, semiprivate, and isolation rooms will be located General medical and surgical rooms and a central supply department will be housed on the second floor of the new wing and the third floor will contain a new maternity section and nursery which will be a "hospital within a hospital" The new addition will add 65 beds to the Benedictine \*

Each of three Yonkers hospitals will receive \$7,500 from the Empire Racing Association, according to former County Executive William F Bleakley, the association's counsel

Payments will be made to St John's Riverside Hospital, St Joseph's Hospital, and Yonkers General Hospital, he explained, from proceeds of the

Empire City Charity Day on August 4

Other payments from the association to the Yonkers Community and War Chest, he added, will be determined upon after a Charity Week program ın November \*

Construction of a 350-bed general veterans' hospital in Saratoga Springs has been set for 1947, according to plans announced on August 21 by the Veterans Administration The number of beds has been increased from the originally planned number of 250

On the basis of \$7,000 a bed, this will increase tho cost of the hospital from \$1,750,000 to \$2,450,000

The campaign for the proposed new St Clare's Hospital, Schenectady, officially closed on August 31—the deadline set for the goal of \$1,200,000 with results in excess of the goal, and with the hope that surplus funds might provide for early expansion and living quarters for the Sisters and nurses who will staff the hospital \*

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#### Woman's Auxiliary

#### To the Medical Society of the State of New York

#### House of Delegates Meeting

THE Woman's Auxiliary to the Medical Society of the State of New York held a meeting of the House of Delegates at the Statler Hotel in Buffalo, New York, on Monday and Tuesday, October 8 and

9, 1945
The following members attended Mrs Edwin A Griffin, state president, Mrs Walter J Puderbach, corresponding secretary, Mrs George

H Smith, press and publicity chairman, Mrs. Henry J Jauch, Kings County president, all from Brooklyn, Mrs William Lavelle, of Long Island City, Mrs Luther H Kice, of Garden City, Mrs Thomas M D'Angelo, of Jackson Heights, Mrs Byron St John, of Port Washington, Mrs Albert M Bell, of Sea Cliff, and Mrs Michael M Schultz, of Hellis

#### County News

Albany County The Albany County Auxiliary will use the proceeds of a bake sale and card party held October 4 for the various projects which they sponsor at local hospitals Members who attended the House of Delegates Meeting at Buffalo October 8-9 were Mrs Emerson Crosby Kelly, president, Mrs James W Bucci, Mrs James S Lyons, Mrs Jacob L Lochner, Mrs John B Horner, Mrs

Albert M Yunch, and Mrs Alfred L Madden

Eric County At the regular monthly meeting
on September 25 Dr Hoyt DeKleine gave a lecture on plastic surgery with a demonstration of slides Luncheon was served in the Chinese Room at 12 30

The business meeting was held at 2 00 PM and the lecture at 2 30 P M.

On October 4, the Eight District Branch held its meeting in the Hotel Statler, Buffalo, and the wives of the doctors attending were invited for luncheon The House of Delegates of the State medical

society met in the Hotel Statler, Buffalo, October 8 and 9, and the House of Delegates of the State Auxiliary met at the same time Buffalo women were asked to act as hostesses

October 30 will be the open meeting for the annual book survey Plan on coming and bring

your friends

The Hygera chairman, Mrs John Post, announces that she is receiving gratifying letters of thanks from school principals for the *Hyggia* magazines which the Eric County Auxiliary has placed in each school in the county Plans are being formulated

to raise funds for this project.

Kings County The Kings County Auxiliary will hold a bridge party on November 13 at 2 00 P M at the Community House of the Church of St Bartholomew on Pacific Street Mrs Chifton Dance is chairman, Mrs M M Weiner is cochairman, and Mrs Nelson Holden is in charge of tickets The proceeds will go toward the purchasing of new equipment for the Kings County Medical Society Mrs Edwin A Griffin, new State president, Mrs Henry J Jauch, Kings County president, and Mrs George H Smith, State publicity chairman, at-

tended the membership tea of the Nassau County Auxiliary held on September 25 at Mineola. Mrs Louis Van Kleeck, president, conducted the meeting Dr W C Atwell, president of the Nassau County

Medical Society, spoke on problems of returning

physicians, offices for practice, and housing
Lt Jack Green, USA, of the Office of Technical
Information, presented a film concerning the returned disabled and handicapped serviceman and what medicine is doing to help him Lt. Antheny Armstrong, who was with Gen George Patton's Army, and was wounded three times, related some of his experiences as a reconnaissance patrol officer and the marvelous medical care he received at the front

Orange County On October 30 at 7 30 PM a meeting for cancer control will be held at the Middletown State Hospital Assembly Hall Mrs Henry Pohlmann is chairman Mrs Walter A Schwartz, president of the Orange County Auxiliary, has made plans to contact all churches, clubs, schoels, and factories in order to reach the public with informa-

tion to "Fight Cancer With Facts"
Dr Louis C Kress, director of the New York
State Cancer Research Institute, at Buffalo, will be a speaker at the meeting

Schenectady County Mrs William Jameson, president, entertained the executive board on September 14 at a luncheon Plans for the year and committees were chosen The following were pres-Plans for the year and committees were chosen The following were present legislative chairman, Mrs William Mallia, auditorium chairman, Mrs Arthur Congden, entertainment chairman, Mrs J P Cortesic, publicity chairman, Mrs Nelson H Rust, Hygica chairman, Mrs M A Donovan, telephone chairman, Mrs Judson Gilbert, hudget chairman, Mrs C L Moravic, public relations chairman, Mrs Hans Rosendahl, courtesy chairman, Mrs James Blake, president-elect, Mrs Alfred Grussner, first vice-president, Mrs E B O'Keefe, second vice-president, Mrs David Vrooman, corresponding secretary, Mrs D H Lester, recording secretary, Mrs Glen Smith, treasurer, Mrs William Gazeley, and historian, Mrs. C F Runge historian, Mrs. C F Runge

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#### Correspondence '

#### Licensed Physiotherapists

The following letter from the New York State . Society of Physiotherapists, Inc., is published for the

information of practicing physicians

To the Editor—In the past year a considerable number of persons have been apprehended for practicing physiotherapy without a license. The majority of these persons have stated their patients were referred to them by medical doctors, either by written prescription or verbally

The masseur, masseuse, nurse, and technician are not licensed to practice physiotherapy. They are limited to direct supervision of a physician in either his office or an institution, but have no right under the laws of New York State to practice independ-

ently or make calls at the patient's home

Possession of a diploma or a certificate from some short-cut course in physiotherapy does not grant them the right to practice. The only college recognized by the New York State Department of Education that meets the statutory requirements, which is a four-year course in physiotherapy, is Ithaca College, Ithaca, New York.

The licensed and registered physiotherapist is

The licensed and registered physiotherapist is recognized by law and is the one who has been educated and trained to fill physicians' prescriptions Just as you would not permit your drug prescriptions to be filled by an unlicensed pharmacist, you should exercise the same precaution in not having your physiotherapy prescriptions filled by any other than a licensed physiotherapist

Our Society is the representative organization for licensed and registered physiotherapists in New York State, and is cooperating with the state authorities to stamp out the illegal practice of physiotherapy. We know that no physician would willfully aid and abet any person to break the education or medical laws, but we also have become aware of the fact that not all physicians know there is a licensed and registered physiotherapist to whom they can refer their patients

We are inviting your aid and cooperation in helping us to eradicate the illegal practice of physiotherapy. We know this will constitute the most effective means of safeguarding the public with assurance of maintenance of a high standard of conduct,

skill, and ethical practice

SOLOMON RATNER, President

718 St Marks Avenue Brooklyn, New York

#### THE CASE AGAINST FRIED FOODS

As long ago as February, 1944, Dr Frank Howard Richardson<sup>1</sup> published in the *Journal of Pediatrics* the results of his ardent researches into the digestibility of fried foods. Up to that time it had been assumed, and in those quarters unacquainted with his conclusions it still is assumed, that fried foods are harmful, especially for children. With wartime shortages particularly in mind, Dr Richardson thought that the soundness of our dietary beliefs

should be investigated

Three sources of authority were open—published records of research, current books and bulletins, and the opinions of living experts in the fields of nutrition and pediatries. Surprisingly, only one piece of published research was revealed, and that nearly seventeen years older than the present study in 1927, Boggess and Ivy² had investigated, on dogs and human beings, the digestibility of potatoes prepared after various culinary patterns. According to their conclusions, the starch of the pan-fried potato is more easily digested than that of the French-fried more easily than that of the boiled specimen. Fat, it was found, actually facilitated the rate of digestion, determined by fluoroscopic observations.

Dr Richardson found that authoritative text-

books on nutrition, federal and state health hulletins, pamphlets on child care, and so forth almost universally condemned all foods prepared after the fashion that made famous, if not popular, the sixth day of the week. No scientific proof was presented for these pontifical opinions fat may be an excellent food principle, but not the foods that are cooked in it. So far as these tribunals are concerned, the only edible part of the doughnut is the hole. "In frying," according to one of these witnesses, "decomposition products are formed, which are irritating to the digestive tract." And that was that

Various specialists were then consulted—eleven nutritionists, hiochemists, and physiologists, seven pediatricians of national reputation, two pediatricians high in the Children's Bureau, two gastroenterologists, one nutrition director of the American Red Cross, two medical editors, and two research-bureau heads. Not one of these authorities let the investigator down. The cruelest indictment of fried foods was that overindulgence might be universely a differentiation was also made of fried foods properly cooked and those that were simply soaked in hot fat

And so at last comes vindication, permanent we trust, for the fried spud, the flapjack, and the doughnut, the crisp egg—sunny side up or, in the vernacular, "one eye open"—and the Sunday-morning fishball—New England J Med, May 24, 1945

<sup>&</sup>lt;sup>1</sup> Richardson F H J Pediat 24 199 (1944)

<sup>&</sup>lt;sup>2</sup> Boggess, B, and Iv<sub>3</sub>, A C J Home Econ 19 496 (1927)

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#### **Books**

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed eufficient notification. Selection for review will be based on merit and interest to our readers

#### RECEIVED

Essentials of Body Mechanics in Health and Disease. By Joel E Goldthwait, M D, Lloyd T Brown, M D, Loring T Swaim, M D, and John G Kuhns, M D Fourth edition With a Chapter on the Heart and Circulation as Related to Body Mechanics by William J Kerr, M D Duodecimo of 337 pages, illustrated Philadelphia, J B Duodecimo Lippincott Co, 1945 Cloth, \$5 00

Fundamentals of Pharmacology By Clinton H Thienes, M.D. Octavo of 497 pages, illustrated New York, Paul B. Hoeber, Inc., 1945 Cloth, \$5.75 (Medical Students Series)

Your Hair and Its Care. By Oscar L. Levin, M.D., and Howard T. Behrman, M.D. Duodecimo of 184 pages, illustrated. New York, Emerson Books, Inc, 1945 Cloth, \$2 00

The Secret of Calm Nerves By Karl Lanier, M D Sextodecimo of 48 pages Boston, House of Edinboro, 1945 Paper

The Psychology of Women , A Psychoanalytic Interpretation. By Helene Deutsch, M D Volume Two Motherhood. Octavo of 498 pages York, Grune & Stratton, 1945 Cloth, \$4 50

Modern Psychiatry By William S Sadler, M D Octavo of 896 pages St Louis, C V Mosby Co, 1945 Cloth, \$10

Biological Symposia. A Series of Volumes Devoted to Current Symposia in the Field of Biology Edited by Jaques Cattell Volume XI, "Aging and Degenerative Diseases." Octavo of 242 pages, illustrated Lancaster, Jaques Cattell Press, 1945 Cloth, \$3 00

Penicillin Therapy Including Tyrothricin and Other Antibiotic Therapy By John A. Kolmer, M D Octavo of 302 pages, illustrated New York, D Appleton-Century Co, 1945 Cloth, \$5 00

The Hair and Scalp A Clinical Study (with a Chapter on Hirsuties) By Agnes Savill, MD Third edition. Octavo of 304 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, \$4.75

A Textbook of Ophthalmology By Sanford R. Gifford, M D Third edition, revised Octave of 457 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$400

Physical Diagnosis. By Ralph H Major, M D Third edition, revised Octavo of 444 pages, illus-trated Philadelphia, W B Saunders Co., 1945 Cloth, \$5 00

Preventive Medicine By Mark F Boyd, M D Seventh edition, revised Octavo of 591 pages, illustrated. Philadelphia, W B Saunders Co. Cloth, \$5 50 1945

Your Eyes Have Told Me By Louis H Schwartz, M D Octavo of 208 pages, illustrated New York, E P Dutton & Co, 1945 Cloth, \$2 75.

The Management of Obstetric Difficulties. By Paul Titus, M D Third edition Octave of 1,000 pages, illustrated St Louis, C V Mosby Co, 1945 Cloth, \$10

#### REVIEWED

Familial Susceptibility to Tuberculosis Its Importance as a Public Health Problem. By Ruth Rice Puffer, D.P.H. Octavo of 106 pages, illustrated Cambridge, Harvard University Press, 1944. Cloth, \$2 00

Despite the tremendous decrease in tuberculosis mortality in this country during the past half century, the battle against this disease is far from ended. Especially during wartime and for a period of years thereafter, the problem of tuberculosis control becomes of even greater significance It is at times like the present that tuberculosis incidence and mortality may be expected to show a rise Dr Puffer's monograph points a way to more effective control by paying special attention to "susceptible families" Statistics, culled from varying sources, are presented in this monograph to support the thesis that a genetic factor influences resistance to the development of tuberculous disease. To the phthisiologist and to the public-health worker, this interesting monograph is more than welcome. However, the statistics on development of manifest tuberculosis in "susceptible famil-1es" must be fitted into the larger framework of economic environment and of intensity of exposure

to the tubercle bacıllus The monograph should be provocative of thought and discussion.

MILTON R. LOURIA

Trichinosis By Sylvester E Gould, M D Octavo of 356 pages, illustrated. Springfield, Ill Charles C Thomas, 1945 Cloth, \$5 00

This is an excellent monograph, beautifully organized and written, which makes available in a small volume a great store of information about one of the most widespread and important of the nematode infections of man occurring in this country An admirable balance is maintained in the discussion of the parasite itself and of the pathology and manifestations of the disease it causes Nearly twenty pages are devoted to case histories illustrative of the various manifestations of trichinosis Epidemiology, diagnosis, and treatment are thoroughly discussed The book is profusely illustrated with excellent drawings and photographs, there is an extensive bibliography and a good index. This is one of the best medical monographs the reviewer has seen

E J TIFFANY

BOOKS

A Manual of Otology, Rhinology and Laryngology By Howard Charles Ballenger, M D Second edition Octavo of 334 pages, illustrated Philadel phia, Lea & Fehiger, 1943 Cloth, \$4.00

The second edition of A Manual of Olology Rhinology and Laryngology by Ballenger is an even finer manual for the general practitioner than the first. Clinical anotomy and physiology are brufly hut very clearly set forth, and thereafter, couses symptoms, diagnosis, and treatment. The doctor may apply much of the thorney himself or he may gain thorough information as to what treatment is adequate. He may also better understand what the specialist is doing for his potent, and why in the more serious diseases with which he is little equanted. The book is small, is easy reading, well indexed and well illustrated. Many otoloryngologists could conveniently use it as a guide.

CHAS. R. WELTH

Clinical Heart Disease By Samuel A Levine M D Third edition revised Octave of 462 pages illustrated. Philadelphia, W B Saundors Co , 1945 Cloth, 88 00

The fact that this book has reached its third edition in such a short space of time is sufficient test meay to its value. In this edition minor changes have been made in order to hring it up to date while other sections have been elaborated Additions have been made, also. The result has been to maintain its high standerd and make it a most valuable hook for the practitioner who has not time to study in great detail the recent advances which have been made in cardiology. The views expressed ure the result of the euthor's experience in this field and his onalysis of the work of others. They demonstrate critical judgment and in general would represent the opinion of the vast majority of cardiologists.

The book admirably serves the purpose for which it was written and merits continued wide popularity

J HAMILTON CRAWTORD

Pye's Surgical Handleraft. A Manual of Surgical Manipulations, Minor Surgery, and Other Matters Connected with the Work of Surgical Dressers, House Surgeons and Practitioners. Edited by Hamdton Balley, F.R.C.S. Eng. Fourteenth edition revised Octavo of 628 pages, illustrated. Baltimore Williams & Wilkins Co., 1944 Cloth, \$6.00

Within the covers of this book there is a wealth of information which makes interesting reading to the resident, general practitioner and even to the specialist. To this reviewer the illustrations and legends are so clear and descriptive as to make this volume an outstanding contribution to the modical arts. The chapters on prooperative preparation and the inter-relationship of the various hospital departments are well written. The authors of the various chapters are outstanding specialists in their fields.

ALFRED H IASON

Clinical Roentgenology of the Digestive Tract. By Maunee Feldman, M D Second edition Octavo of 769 pages, Illustrated Baltimore, Williams & Wilkins Co., 1045 Cloth, \$700

The second edition of this work presents with great clarity the numerous conditions, involving the digestive tract that are met with and radiologically discoverable. Beautifully illustrated and well

bibliographized, the book provides an oxcellent reference volume for x ray studies of the digostive organs. It would appear, however that the "clinical" portion of the text fails to fulfill the promise expected from the trile of the book

BENJAMIN M BERNSTEIN

Symptoms of Visceral Disease A Study of the Vegetative Nervous System in Its Relationship to Clinical Medicine By Francis Marion Pottenger, M D Sixth edition. Octavo of 442 pages, illustrated St. Louis, C V Mosby Co , 1944. Cloth, \$5.00

This is the sixth edition of a book written by a man who though primarily interested in internel medicine and especially in pulmonary tuberculous, has nevertheless, devoted a good deal of his time and attention to the study of the vegetative nervous system and its disorders. The book is primarily written for the purpose of interpreting as far as may be possible in terms of visceral neurology, the symptoms that cannot be explained on any other hasis. It deals extensively with the anatomic and physiologic facts and the clinical manifestations of the pathologic disorders of the vegetative nervous system. It is profusely illustrated and contains numerous references to appropriate contributions on the subject. It is a good book that will find fever with many dectors.

IRVING J SANDS

The March of Medicine The New York Academy of Medicine Lectures to the Laity, 1944 Octavo of 121 pages New York, Columbia University Press, 1945 Cloth, \$1.75

Press, 1946 Cioth, \$176

The six lectures in this volume, delivered by Strecker, King MacLeod Fitz Campbell, and Muckie, have been e means whereby intolligout laymen have been enabled to learn, in proper perspective, of the recent edvences in medicine. They are models of what such lectures should be. We should like to end with only laudatory commonts, but the Aendemy's sanction (not the lecturers') in this volume of the word "preventative has to be pointed out. Preventive medicine ought to be able to prevent its use which we dare say would puzzle the intelligent laymen them selves, were they to see or hear it.

A. C JACOBSON

Modern Methods of Amputation By Edmundo Vasconcelos. Translated from the Portuguese by Walter Ratto With an introductory survey of the development of amputation by Maj Gen Norman T Kirk (MC) Surg Gen, U.S Army Quarto of 253 pages illustrated. New York, Philosophical Library, 1945 Cloth, \$10

This book is an excellent up-to-date piece of work. It is good for both the general practitioner and the general surgeon. The operations are described thoroughly, illustrated step by step with original drawings, and only those methods used at the present are described.

MICHAPL BURGHARDT

The Practice of Medicine. By Brig Gen Jona than Campbell Meakings, M.D., (MC), Roval Canadian Army Fourth edition. Quarto of 1,444 pages, illustrated St. Louis, C. V. Moshy Co., 1944. Cloth, \$10.

This is the fourth edition of an outstanding text

hook which, since 1936, has received high com-

The well-known author repeatedly reflects his rich physiologic training, and in this edition has gone on to emphasize psychosomatic concepts, but always with judgment and balance

In every way the volume is ahreast of presentday medicine. It carries many excellent illustrations (517 in all). Treatment is uniformly sound. The newer applications of the sulfonamides and penicillin are cited.

The work in its earlier editions quickly achieved a high place in the regard of internists, and this position is well maintained by this edition. The book can again be highly recommended

FRANK BETHEL CROSS

Synopsis of Clinical Laboratory Methods. By W E Brav, M D Third edition Duodecimo of 528 pages, illustrated St Louis, C V Moshy Co , 1944 Cloth, \$5~00

This third edition of the now well-known and enthusiastically received small volume, first published in 1936, retains the compactness of recent information and most frequently used clinical laboratory methods which has won for it its carly popularity. The new edition also includes numerous recent advances in science and therapy. It stresses the clinical significance of laboratory findings, making it an extremely helpful guide in diagnosis for the internist and medical student. The selection and hrevity of description of methods and their arrangement in the text also makes this book one of choice for the supervisor of medical technicians.

Among the more important new additions to the text may he mentioned the Rh factor and its relationship to erythrohlastosis fetalis, the classification of the streptococcus in relation to sulfonamide therapy, insect parasites, and histoplasma capsulatum. Of the subjects in which the previous text has been enlarged, those worthy of special mention here are hematology, including blood transfusion with its related problems of subgroup incompatibilities, blood chemistry, and bacteriology

S H POLAYES

Massage and Remedial Exercises In Medical and Surgical Conditions. By Noël M Tidy Sixth edition Octavo of 480 pages, illustrated Baltimore, Wilhams & Wilkins Co., 1944 Cloth, 86 00

This book is a superficial coverage of many medical and surgical conditions, instead of what its title implies. It is written primarily as a texthook for senior students or recent graduates (nurses). There is considerable repetition in parts, and in other parts not sufficient detail to make it clear to the uninitiate.

It is recommended with reservations, as outlined

JOHN J HAUFF

Patients Have Families By Henry B Richardson, M D Octavo of 408 pages New York, The Commonwealth Fund, 1945 Cloth, \$3 00

It should be said at once that this is an important book and should he read by everyone practicing medicine or its ancillary professions

The psychosomatic aspects of disease have by now been generally recognized Richardson assumes that his readers take this for granted and goes a step further, pointing out the fact that the "family Is the unit of illness, because it is the unit of living "He demonstrates the importance of a plan of treatment which recognizes the family equilibrium and uses medical attention in combination with other community resources for health and family welfare. "The broader diagnostic function of the physician is to evaluate all the complaints as parts of the total personality of the patient, without minimizing any of them he should he able to tell the patient

what is the matter with him, not merely whether

or not something is wrong with one of his organs. An abbreviated edition of Patients Have Families, shortened by the omission of some of the case histories, might well be required reading in medical schools. It should certainly be required reading in schools for social work, where it will prohably become a standard text. Every social-service worker should read the case of Mrs. L. and the extremely humane and sensible summary given on page 54. Richardson's style is literate and distinguished.

MILTON PLOTZ

Medical Uses of Soap A Symposium. Edited hy Morris Fishbein, M D Octavo of 182 pages, illustrated Philadelphia, J B Lippincott Co 1945 Cloth, \$3.00

The first announcement of this hook proclaimed it as the only work ever undertaken on the subject of its title A glance at the list of the contributors to the symposium was sufficient to assure any medical man of its value and indispensability. Of the ten scientific men named in the list, seven are well-known dermatologists of the first rank, and the remaining collaborationists, aside from the editor, Dr Fishbein, are leaders in chemistry in the industrial field. For several months the publication of this splendid book was delayed until it was announced that the entire first edition had been purchased by the firm of Procter and Gamble and that a copy would be presented to every dermatologist in the country No doubt it must be possible that copies of the work may he accessible to other members of the profession because the information which it holds should be familiar to anyone who, in the ordinary practice of medicine today, is certain to he consulted for relief from the ever-present forms of dermatitis occurring in the home, the workshops, and the great industrial organizations Most of us know too little of soap, its uses and abuses, its manufacture, and the newer substitutes which science has now given as This book is ındıspensahle

NATHAN THOMAS BEERS

A Textbook on Pathology of Labor, the Puerperium, and the Newborn By Charles O McCormick, M.D. Octavo of 399 pages, illustrated St Louis, C V Mosby Co, 1944 Cloth, \$750

This book is just what its title implies, a discussion of the abnormal. Though written essentially in outline form, it is a surprisingly complete coverage of a wide variety of subject matter. It is up to date in suggestions for treatment, particularly in sulfonamide and penicilin therapy, and contains a large number of clear-cut illustrations, with concise comments at appropriate points. Intended primarily for students, it can be surveyed to advantage by practitioners as well

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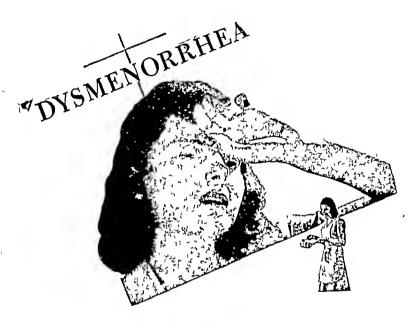
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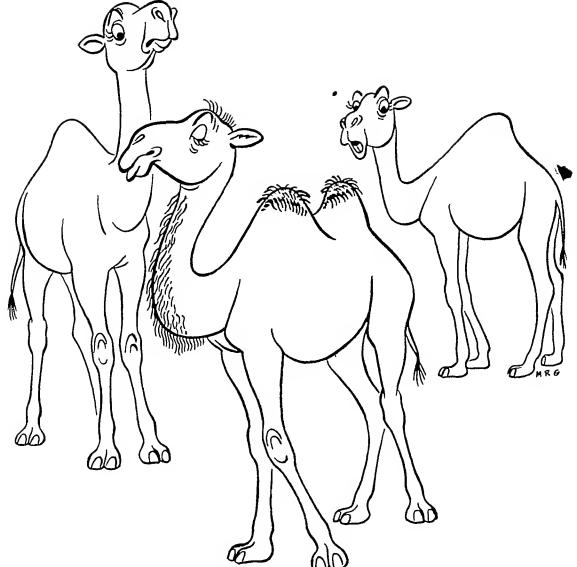


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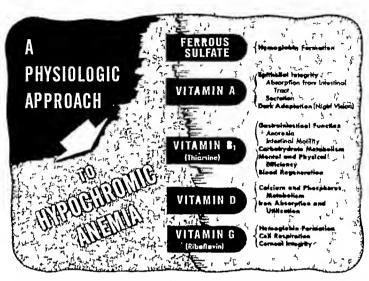
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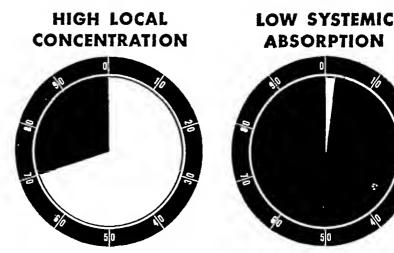
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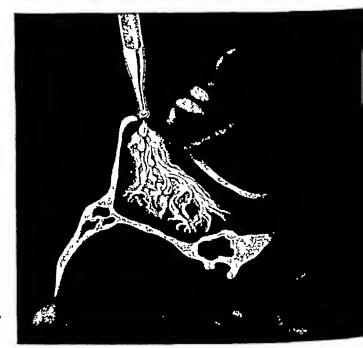
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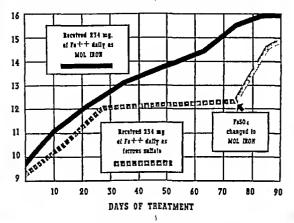
(3 mg) and ferrous sulfate (195 mg), White's Mol-Iron is a new, highly effective, hemopoietic agent that has unique therapeutic advantages in iron-deficiency anemias.

Available clinical evidence indicates that Mol-Iron effects approximately

- 1. 100% GREATER THERAPEUTIC UTILIZATION OF IRON, and
- 2. 100% MORE RAPID REGENERATION of hemoglobin than does ferrous sulfate, with
- 3 NOTABLE ABSENCE OF GASTRO-INTESTINAL REACTIONS—even among patients exhibiting such untoward symptoms during administration of other commonly used iron preparations

#### TYPICAL HEMOGLOBIN RESPONSE TO MOL-IRON AND TO FERROUS SULFATE IN PREGNANT WOMEN WITH IRON-DEFICIENCY ANEMIAS





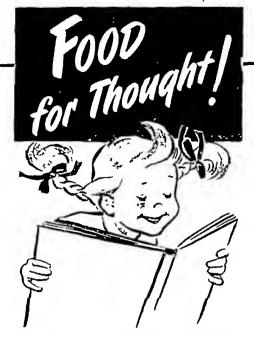
The therapeutically superior effect of Mol Iron in human beings is well demonstrated in the accompanying graph which illustrates the rate of hemoglobin regeneration in females during the last half of pregnancy and having approximately the same degree of iron-deficiency anemia. Results in this series of cases are typical of those observed in an evaluation\* of Mol Iron in a series of pregnant women with hypochromic anemia.

May we suggest that you make a comparable evaluation of Mol Iron with your presently preferred therapeutic iron compound

DOSAGE: One to two tablets three times daily after meals. SUPPLIED: in bottles of 100

Neary E. R., Preliminary Ev lastice of Molyhdenum Iron Complex in Hypochromic Anemias of Pregnancy to be published.





Alert minds and well-nourished bodies go together—a fact that Doctors impress on mothers when they recommend a hotcereal breakfast for their children. But appetite appeal is essential to a child's acceptance of food. Most youngsters love Maltex Cereal for its nut like, deliciously different flavor, and delicate, natural sweetness Maltex, a unique two-grain cereal naturally rich in Vitamin B<sub>1</sub>, is a combination of Wheat, appetizingly toasted, and Barley, malted to bring out its delicious flavor

Let Us Send You This Height-Weight Wall Chart

This 42" x 6" durable chart is useful in determining height and average weight of boys and girls Write The





# MALTEX Cereal

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# CHLOROPHYLL

# THERAPY The new biologic

approach to healing
with CHLORESIUM natural nontoxic
chlorophyll preparations



Working under an independent grant Smith and Livingston' studied a series of 1372 experimentally induced wounds and hurns in animals treated by the water-soluble derivatives of chlorophyll 'a (C<sub>18</sub>H<sub>18</sub>O<sub>1</sub>N<sub>4</sub>Mg) and by many of the standard preparations in clinical use today. In their conclusions they state "Of these agents only the chlorophyll preparations consistently shoreed ony statistically significant effect in occelerating the healing of both traumatic and thermal wounds"

#### HEALING AND DEODORIZATION

During the past four years numerous investigators have tested the water-soluble derivatives of chicrophyll in laboratory and clinic in the topical treatment of wounds battle injuries, burns, uleers and Bala, LW and Dispose, A. L.—"Chimphyl As suprimental stop of its week."

#### Chloresium is ethically promoted Available at all leading druggists.

Chloresium Solution (Plain) Chloresium Ointment Chloresium Nasal Solution

NOW

2 os. and 8 oz. bottles 1 oz. inhes and 1 oz. jan-% oz. dropper bottles and 2 oz. and 8 oz. bottles

Both Chleresions Salation (Pid.) and Chloresium Outment cont in the par lied, therapeutically article variet soluble derivatives of Chlorus III "("Cally Joy Naly). The year manufaced to rigid feedermed and ph. used standards and are pharmaceutically adjected to a low surface tersion as in any practically.

Chlorosium N. sal Sol. 1000 constains the purified, therapeutically active to resoluble deri if on all hierophyll." "(Laslingh)NaNa) is an include to know and inoutically before for most institutions, lastical for ynapsesses as elic! and for acceleration of heading of seast chronic infilamentary conduitions of the upper respire to yet are

aimilar lessons, especially those of the chronic, indolent and resistant type. They have demonstrated that these natural nontoxic chlorophyll preparations produce a definite, measurable acceleration of lessing and reduction of sear tissue. In addition, they report prompt chimination of the almost unbearable odors found regularly in chronic suppurative lesions of lone and other thoses.

#### NOW CENTRALLY AVAILABLE

After exhaustive clinical investigation these thera peutic chlorophyll preparations are now offered to the medical profession by the Rystan Company under the name Chlorestum

The topical use of Chloresium Solution (Plain) and Chloresium Ointment is indicated in a wide range of acute and chronic lesions especially in the treatment of wounds, burns, ulners akin diseases, and malodorous lesions.

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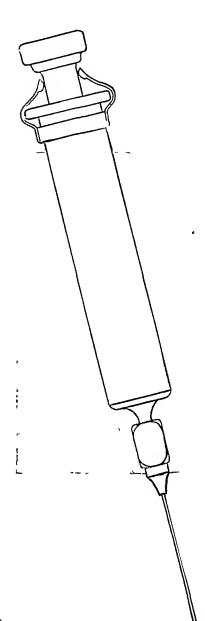
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### COMPLICATIONS FROM PENICILLIN



The use of purer penicillin has markedly reduced such complications as phlebitis, pain at the site of injection, pyrexia, vascular and sympathetic disturbances, as well as muscular cramps.\*



When you employ Bristol Penicillin in your practice you will find it:

- 1. Uniformly high in potency per milligram and
- 2. Markedly light in color

Order Bristol Penicillin through your physician's or hospital supply house.

#### BRISTOL PENICILLIN

\*Keys, J.H.L.: Penicillin in Ophthalmology J.A.M.A. 126: 610 (Nov 4) 1944.

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Formerly Cheplin Laboratories Inc.

SYRACUSE 1. NEW YORK





Easily calculated Quickly pre pared I fl oz. Biolac to 14 fl oz. water per pound of body weight.

A familiar statement by physicians prescribing Biolec for infants deprived of human milk. The protein level of Biolac assures an adequate supply for growth and health, with small, soft curds. The adjusted milk fat facilitates digestion and assimilation with greater freedom from fat upsets", and the ample lactose content assures a soft natural stool formation. The adequate proportions of lactose, iron, and vitamins A. B., Br and D eliminate the need for timeconsuming calculations of extra formula ingredients Indeed, Biolac (supplemented with vita min C) provides completely for infant nutritional requirements throughout the bottle period Borden Prescription Products Division 350 MADISON AVENUE . NEW YORK, 17 N Y

Biolae is a liquid modified milk, prepared ex clusively from Board of Health inspected whole and skim milk, with added lactose, and forti fied with vitamin B; concentrate of vitaminis A and D from cod liver oil, and iron. Evaporated, homogenied, and sterilized, vitamin C supplementation only is necessary



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Notable is the fact that all of the reports on the use of this systemic type of therapy in sizable groups of chronic arthritics specify Ertron

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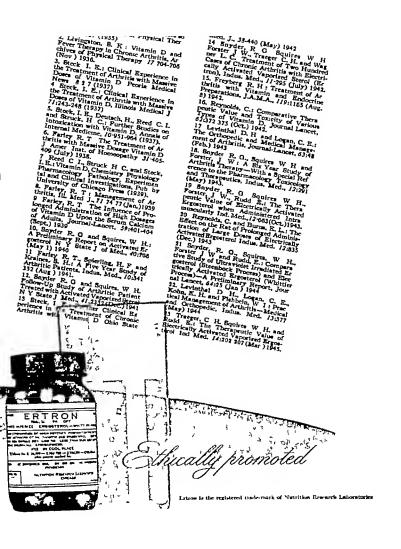
The following bibliographic references apply only to Ertron in the systemic treatment of arthritis

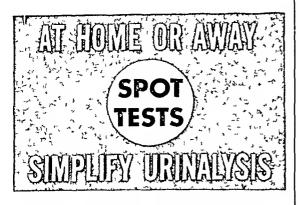


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Ertronize Means Employ Ertron in an adequate daily dosage over a sufficiently long period to produce optimal results. Gradually increase the dosage to that recommended or to the toleration level. Maintain this dosage until maximum improvement occurs. Ertron alone—and no other product—contains electrically activated vaporized ergosterol (Whittier Process).

Supplied in bottles of 50, 100 and 500 capsules
Parenteral for supplementary intramuscular injection





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Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using No test tubes, no boiling, no measuring, just a little powder, a little urine—color reaction occurs at once if sugar or acctone is present

## **Galatest**

FOR DETECTION OF SUGAR IN THE URINE

## Acetone Test (DENCO)

FOR DETECTION OF ACETONE IN THE URINE

## SAME SIMPLE TECHNIQUE FOR BOTH





2. A LITTLE URINE

#### COLOR REACTION IMMEDIATELY

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply bouses.

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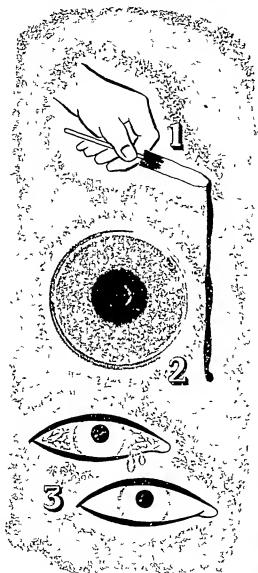
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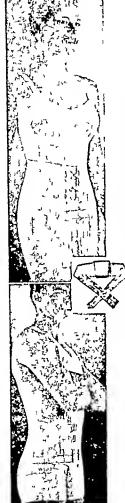
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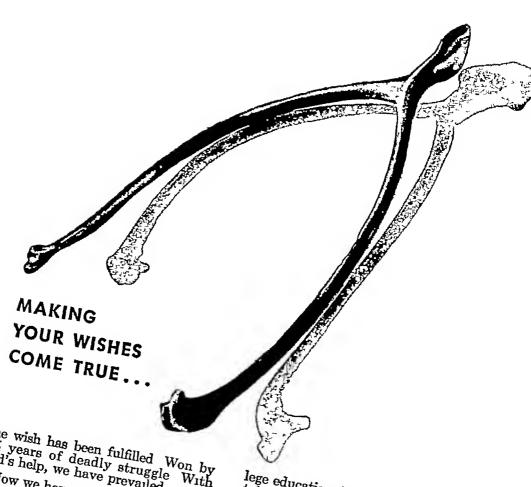
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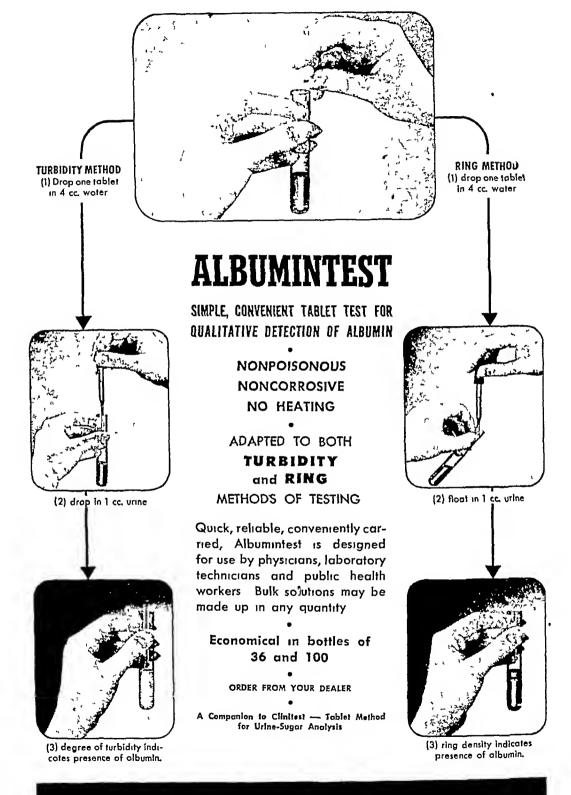
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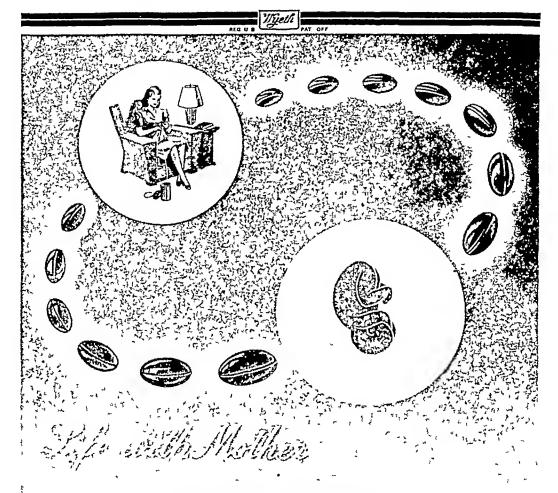


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NUMBER 21

## Editorial

### Antianimal Experimentation Legislation

Speaking at the Third District Branch Meeting, September 20, 1945, at Albany, New York, Dr Edward Cunniffe, President of the Medical Society of the State of New York, spoke of legislation against so-called vivisection in the state Remarking that previous bills on this subject had been introduced in former years, he said he thought that further attempts would be made to have such legislation passed.

He said, in part, that "The term vivisection is a misnomer Actually 90 per cent of the experiments are not and cannot be classified as vivisection or 'the dissection of or operation on a living animal'. This is so generally recognized that the term vivisection has long since given way to the more accurate 'animal experimentation.' But whether animal experimentation includes actual vivisection, the harmless prick with a hypodermic needlo, or a painful procedure on a nervo tissue, the fact is that

it is essential to medical science and to veterinary medicine. Intensive study and extensive theorizing cannot substitute for experimentation. For generations this has been the stumbling block in the physical science of volcanic action. Those pressing for antivivisection legislation, or more accurately, antianimal experimentation legislation, must of necessity arrive at one of two equally unsatisfactory conclusions, test a hypothesis directly on the human irrespective of results, or halt scientific progress as long as animals, especially dogs, must be used for experimentation

"The antivivisectionists have been indulging in campaigns of propaganda by distortion of facts, exaggerations, and generalities, attempting to make it appear that there exists no other aspect to the ques-

"Unfortunately, the medical organizations and the research institutes concerned with

the advancement of medical science have made little effort to outline their position. It has been their idea that the public, benefiting daily by discoveries made through animal experimentation, required no detailed explanation. However, the reception by the public of the lurid accounts of degenerate cruelty to trusting animals on the one side and the cold presentation of scientific facts on the other was evidenced clearly in the mass support of the Antivivisection Bill last year

"The organizations and individuals sponsoring and supporting the legislation offer as justification that there is no moral right for man to experiment on animals, that vivisection injures the moral character of the operator, that the achievements credited to animal experimentation depended rather on other factors, that the animals used, especially dogs, are of the loyal, trusting genus and it is inhumane to victimize them

"The first reason is so fundamentally fallacious that it hardly merits consideration. Without resorting to philosophic references on the subject, it might be simply stated that however an individual or a nation might regard the golden calf, the holy cow, or Ghandi's goat, man violates no moral law in using the lower animals for his advancement. Furthermore, the lower animal kingdom has benefited immeasurably by these experiments, especially in epizootic diseases.

The second reason, were it taken seriously, might be good cause for discontinuing many pursuits presently regarded as essential to the health, safety, and welfare of mankind. Fortunately our animal trappers and slaughterers have managed to live normal lives in spite of their occupations, and more fortunately our preservers of the peace at home and our soldiers on the battlefield have not degenerated in the performance of their duties.

"The whole history of the advance in physiologic knowledge so refutes the third reason that an impersonal observer might well question the sincerity of the exponent Advancement in practically every field of redicine and chemistry is attributable to animal experimentation. These have included circulation, the nervous sytem, res-

piration, the endocrines, serum and vitamin therapy A reading of Lister, Hunter, Pasteur, and Flexner (of the Rockefeller Research Institute) would prove most enlightening

"The fourth reason, although based solely on sentiment, is understandable and the only one of the four worthy of recognition Owners of domestic pets, be they cats, dogs, white mice, or rabbits, come to regard them with tender affection, and justifiably so

"Yet would one of those pet owners refuse to tender it to science if possibly, and only possibly, the use of it might mitigate the pain or save the life of a loved one? How would parents of a diabetic child react to the "cruel" fact that the removal of the pancreas in dogs led to the observation of the isolation of insulin, how would they regard Lister's achievements on suppuration and wound infections and the later developments of his successors in the field of asepsis. gained by experimentation on animals, and finally, are they not familiar with the list of invaluable drugs perfected by animal experimentation which providentially cut out casualty lists in this and in other wars?

"The present proposed legislation concerns itself with removing dogs from the animals experimented on and in substituting in their place monkeys. Aside from the fact that monkeys do not always respond to certain types of experimentation and it would require experienced animal trainers to handle them, the use of them instead of dogs is one of those ad infinitum proposals. What is to prevent monkey lovers, mice lovers, cat lovers, or bird lovers from seeking amendments to the law once it is on the statute books that animal experimentation is cruel to dogs?

"Too common is the false belief—a law disobeyed, change the law, a regulation ignored, make a law. Even admitting that there may have been instances of undue cruelty, the remedy is to replace the offending employees, not to close the door to science by outlawing its most valuable experimental source. In 1910 a committee of the American Medical Association promulgated rules governing the treatment of animals used for research and these were

adopted by most institutions engaged in research. If these have not been followed,

revive them, if they require amondment, amend them"

### Shortage of Civilian Doctors

An appeal for the early release of medical officers from military service so that they may return to essential civilian duties was made here September 18, 1945 by Dr Edward R. Cunniffo, president of the Medical Society of the State of New York. He spoke before the Fifth District Branch of the Society at the Ells' Club in Oneids.

"Now that the war is concluded there certainly can be no reason for retaining medical officers other than those needed to accompany the army occupation and a comparative few who are needed to continue their service in the military hospitals," Dr Cunnife said

Of less than one hundred and twenty thousand physicians actively practicing in the United States before Pearl Harbor, more than ninety thousand were processed and sixty-two thousand were inducted into the military forces, according to figures cited by the speaker

"There has been some talk of delaving release of members of the military forces due to the danger of unemployment. This objection does not apply to medical officers. Their prompt release not only will not disturb the economic attaction in any way, but is necessary if they are to rehabilitate themselves.

"Many doctors returning to private practice must find new offices, buy new equipment, and sometimes even find new locations in which to settle. All of these are time-consuming tasks Many other physicians leaving military life will need refresher courses if they are to serve their patients well, others entered the army or navy after only a nine months' internship and must continue their medical training.

"However, the most important reason for the prompt discharge of medical officers is the great need for them in the community, more so now that millions of young men are being returned from the armed forces to civilian life

"Conditions in the hospitals," Dr Cunnife suid, "are such that many doctors are needed at once, institutions are so lacking in medical personnel that operations are deferred, patients refused admission, and even whole floors or wards closed due to the inability to provide service. The most urgent need of doctors is in the dispensaries. Certainly with conditions in the eight occurring the community as they are, no physician should be held in military service a day longer than the interest of the nation requires."

We feel certain that the Services and the War Department are doing all they can to expedite the release of physicians. It is a slow process at best, since it is obvious that even though hostilities have caused, the wounded will require continuing treatment.

But that the War Department is retaining an overage of medical officers there seems little doubt in view of the numerous letters from medical men who complain that they have little to do on their stations and are hard put to it to keep their time occupied

It is to be hoped that as facilities improve for the separation of medical officers from the services, that no avoidable delay will prevent their immediate return to their communities

## Current Editorial Comment

#### Of This and That

The very excellent and practical etudy entitled "The Medical Officer Returns to Practice" by Lt Col Harold C Lueth, (MC) AVS, deserves the highest commendation of the medical profession. The conclusions reached are of exceptional interest

A study was made of twenty-one thousand and twenty-nine questionnaires returned by medical officers on duty with the armed forces

Nmety-two per cent of all officers had a

license to practice medicine

- There were one thousand, five hundred and ninety medical officers who did not have About 70 per cent of the officers without a license had graduated from medical school between 1941 and 1943 More than 20 per cent of unlicensed men were graduates of 1938-1940, and the remainder were graduated earlier Many of the older medical graduates were formerly engaged in work that did not require a license and would be likely to return to their former activities after the war
- There were twelve thousand, five hundred and eight medical officers who indicated the size of community in which they were engaged in practice before the war About 39 per cent came from cities of more than 250,000, nearly 32 per cent from cities of 25,000 to 250,000, almost 23 per cent from cities of 2,500 to 25,000, and less than 6 per cent from communities of less than 2,500 population

The ratio of medical officers that came from a given-sized city to the total number of officers in the graduation group was about the same for all graduation groups Smaller communities seemed, however, to have attracted a few more younger graduates and larger cities a few more older graduates

Forty-seven per cent, or nine thousand, six hundred and forty-nine medical officers, indicated that they wished to return to practice in the

former community after the war

"7. More than 21 per cent, or four thousand, three hundred and ten medical officers, signified that they did not intend to re-engage in practice in their former communities Less than half of the group, or one thousand, eight hundred and forty-one, gave a definite locality in which they would like to practice after the war merely left the question as to location of practice unanswered

"8 There were eight thousand, three hundred and seventy-nine medical officers who gave no answer as to where they would like to practice More than four-fifths of them were graduates of groups 1 and 2 and consequently had probably never had an established practice of medicine "

From such data which indicate the scope of the national problem, state and county societies are enabled to prepare well in advance to meet the particular problems of

their areas

In this State the special committee on War Participation under the chairmanship of Dr Louis H Bauer has already polled many of the physicians in military service 2

"So far over seven hundred questionnaires have been returned and tabulated with interesting results.

.Most physicians (five hundred and eighteen) who replied want to practice in the same location from which they came

About half of those replying want postgraduate refresher courses when they return

- A comparatively small number (one hundred and ninety three) think they will want or need financial assistance to resume practice on their return
- A striking feature was the response to the question whether they planned to remain in the Army, Navy, Public Health Service, or Veterans Administration after the war There was an overwhelming chorus of emphatic NO's indicated in heavy black ink and capital Only 45 out of the 710 returns tabulated (roughly 6 per cent) replied that they planned to stay in government service of any kınd
- A considerable interest was shown in such matters as opportunities in industrial medicine, available office space, and living quarters

"Now action is being taken to find out how the needs of veterans as revealed by answers to questionnaires can be met The War Participation Committee has sent letters to

Deans of medical schools in New York State asking what postgraduate refresher courses they are planning to provide at limited cost for returning doctors

Physicians at home to determine what assistantships will be available to returning

colleagues

Hospital'executives requesting information as to internships and residencies that will be available in the future

Secretaries of county societies asking that committees be set up to work with the War Participation Committee in extending effective assistance to the returning doctor

"There is no doubt about the valuable morale effect of the letter and questionnaire that went out to these members in service Many wrote their appreciation in marginal notes and others wrote separate letters of appreciation commending the State Society for its thought of absent members "

News Letter, Med Soc State of New York, Vol 1, No. 2, April 24, 1945

<sup>1</sup> J A.M.A. 127: 1030 (April 21) 1945

In its January, 1945, issue the Pennsylvania Medical Journal presents a most commendable and praetical enterprise undertaken by the Council on Medical Service and Public Relations,1 under the title "Medicine's Message to Labor"

The Council met with seven representatives of labor organizations to discuss the Wagner-Murray-Dingell Bill Represented were the Pennsylvania Federation of Labor, United Steel Workers of America, Pennsylvania Industrial Union Council, Brotherlicod of Railroad Trainmen, United Mine This, in our opinion, is a proce-Workers dure which might well be followed by other state medical societies in the interest of better mutual understanding of problems and policies, both present and future.

The general discussion was based on the prepared statements submitted by Mr Earl Bohr, secretary-treasurer of the Pennsylvania Federation of Labor, and by Mr John A Phillips, president of the Pennsylvania Industrial Union Council The latter quoted US Senator Wagner at some

length, and Mr Bohr said in part

"Science and medicine have made tramendous advances in recent years Our American workers know this They know, too, how those advances are going to enrich and prolong life for mankind everywhere

Now they want to share in and benefit by these vast new methods and devices which you, of the medical world, have discovered They are beginning to think, more and more intently, about their future in terms of better health, hospitalisation, disability care, maternity benefits, and the like. And speaking for these workers, the leaders of the labor movement are determined to make these things a reality for the masses of Americons."

#### Mr Phillips' statement begins as follows

"Under present-day conditions, any discussion of the subject of public bealth and medical care inevitably revolves around the proposed Wagner-Murray-Dingell Bill (S 1161-H R 2861) now pending in the Congress of the United States, which seeks to amend the Social Security Act of 1935"

The Council then proceeded to discuss, for the benefit of the representatives of labor. medicine's objections to such legislation as is represented by the Wagner-Murray-Dingell

Bill and the application of democratic processes to its full and proper discussion by members of the armed forces We quote in full what the Council has to say on the subject of "one-way democracy"

"We have been hearing a great deal about 'democratic processes' of late. However, there is a glaring inconsistency in the application of democratio processes Our soldiers, quite rightly and justly, have been granted the right and privilego to vote on political issues, but for some un explained reason medical students in uniform and medical officers have been forhidden to express themselves on the Wagner-Murray-Dingell Bill because 'military personnel will not engage in any political activity while in the military service. The Wagner-Muraay-Dingell Bill was named in the order, characterizing it as 'political activity' We challenge the democratic justice of forbidding more than 60,000 citizens in the armed forces the right to express their views as to their own professional future, while at the same time the medical officers employed by the U.S Puhlio Health Service are permitted to travel around in their uniforms and speak for this, we quote again, 'political activity' Are the proponents afraid of the expression of opinion from the medical staffs of the Army and Navy?

"Mr Dingell, one of the coauthors of the bill, recently stated that the opposition came from 'an ill-willed, or misinformed, misguided, renetionary minority in the medical fraternity ' Note particularly that word 'minority,' and then take

a look at the record

"There are two hundred and ninety-five practicing physicians in Congressman Dingell's home district in Detroit They were polled with this result ten were in favor, nine were undecided, and two hundred and axty five were against the hill

"In Montana, Senator Murray's state, every county medical society but one voted unanimously against it. In the one exception four voted for the bill, mxty four against it Authoritative sources from New York report an overwhelming opposition to the bill from the medical profession of Senator Wegner's state. These are the sentiments of majorities, not minorities, and are representative of the views of the physicians of Pennsylvania.

"Congressman Dingell, m a press release, said 'As sponsor of the bill, I hold that medical provisions and terms generally contained in the Act will have to coincide with the sound practice and expenence of the Association (meaning the American Medical Association) and that the ectual administration of this feature of the Act would have to be of necessity entrusted to the

<sup>&</sup>lt;sup>1</sup> Conneil of the Pennsylvania State Medical Society <sup>2</sup> August 18, 1944.

expertness of medical men To disregard these fundamentals would be to invite disaster'

"It is unfortunate that the Senators and the Congressman did not observe these fundamentals when they were writing the bill Had they taken advice from a responsible medical source, they might not have made so many mistakes know they have said they had medical advice, but there are one hundred and eighty thousand doctors of medicine in this country, and Dr Boas, spokesman for the Physicians Forum, representing about two hundred of the thousands of doctors in New York State, and Dr John Peters, one of Senator Murray's admitted advisers and spokesman for the committee of four hundred and thirty (four hundred and thirty from one hundred and eighty thousand doctors of this nation, of whom sixty thousand are in the armed services), do not speak for the medical Some of the committee of four profession hundred and thirty do not have medical degrees, many do not practice medicine Without practical knowledge, they can only theorize as to how it should be done. We, as practicing physicians, contend that Dr Peters, Dr Boas, et al, are not representative of the family doctors of America "

It is regrettable that we cannot reproduce the detailed discussion of the bill section by It is clear, factual, and complete It strips away all pretence and shows up the bill for what it is, a scheme for the political domination of medical practice in this country It is doubtful, in our view, that organized labor could afford to support such legislation or that its leadership would be hoodwinked by the scheme that has failed so miserably in Europe It is possible, of course, that labor leadership in the United States is not sufficiently strong to persuade its membership against legislative pitfalls of Presumably those leaders want the highest possible quality of medical care When the Council on for their members Medical Service and Public Relations of the Medical Society of the State of Pennsylvania, in the capacity of expert, not political, advisers on medical care, presents the following for labor's consideration, the leadership of the nation's workers would do well to heed it Medical care is the doctor's business

"We (the people of the United States) are spending hundreds of billions of dollars to win a war so that we may retain freedom. The inevitable tax burden will test the will and resourcefulness of many generations. If, in addition to the cost of the war, we thoughtlessly add

more billions of expenditures in an attempt to buy a socialized Utopia, it might well be the final straw needed to break the financial solvency of the country. In that event, we would have destroyed all hope of security, along with freedom. We would indeed have taken an irrevocable step.

"We, therefore, submit for your thoughtful

consideration

"1 The practicing physician (your family doctor) has only one responsibility—your health and the health of your family

"2 To make him the pawn of a huge political bureaucracy is to invite the downfall of good

medical service

- "3 To regiment the doctor is to regiment the home This is not democracy, but totalitarianism
- "4 We ask that you join hands with us in working out the economic problems of medical service and health in an orderly fashion that will insure—
- (a) Freedom of relationship between patient and doctor
- (b) Continued improvement in medical service
- (c) A medical profession that will continue to attract to it men worthy of the finest American medical tradition and worthy of your confidence A politically dominated profession will not be attractive to men of highest integrity "

Nurses At least sixty-nine thousand public-health nurses, more than triple the prewar number of such personnel, will be needed if complete health services are to be available after the war, according to the National Organization for Public Health To aid nurses returning from mili-Nursing tary duty in choosing the field of civilian nursing in which their skills may be used to the best advantage and in which they are most needed, the NOPHN has issued a new leaflet entitled "Your Postwar Job" It will be distributed to professional and nonprofessional organizations for use in vocational-guidance programs for nurseveterans

Copies may be obtained without charge from the National Organization for Public Health Nursing, 1790 Broadway, New York

19, New York

#### WAR NEUROSIS AS IT IS RELATED TO PSYCHOSOMATIC MEDICINE\*

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"THE word "psychosomatic" has swung across L our vision quite lately It is not a very rec-It is easy enough to say Mindondite word Body in Greek and call it English. Really, Psychosomatic means just that-Mind-Body But men do not live by bread alone. They live sometimes by catch words and a new word represents something important to the person who hears it and realizes he has never before grasped its idea. The introduction of a new word means that there is a new wind hiowing, it means that the profession of medicine has somehow or other gotton on to the fact that man is Mind Body Body-Mind For us to grasp that idea is new

I don't mean it is new in the history of the profession of medicine. I mean it is new as regards the last fifty years of medicine. In the last fifty years of medicine, in the last fifty years of medicine we have been hinded by the microscope. Microscopes allow us to see so well that we have lost the ability to believe in anything we cannot see. Our ancestors did not have that disadvantage. So they did not so quickly coin words like "functional"—something not to be believed in, "imaginary"—to be cuffed, and "organic"—something to be seen, "red-blooded," to be cured. Our grandfathers did not do that, but our fathers did, and all of my lifetime that which was not seen was not true, or phoney

And yet the commonest fact by which we live is that if I have something in my hand and drop it, it falls And whoever saw gravity? Whoever saw the tremendous force that pulls all the oceans of the world one way and then pulls another way? Whoever saw the force in us that controls our heartbeat at 72 per minute, our respiratory rate at 18, our temperature at a fixed place, despite environmental states? Our di gestion, thank Heaven, is usually below con-SCIOUSINGS Who knows anything consciously of the tremendous drive of energy that keeps the muscle tone perfect all the time? We say it is a disturbance when the digestive tract gets hurt. and so goes through various fluctuations who feels or is at all aware of the forces in the organisms that control vegetative rhythm? As a matter of fact, the less we know about those forces which ought not to rise to consciousness the healthier we are

\* Presented May 18, 1914 at a seminar Medical Society of the District of Columbia, Washington D C. and read in part at a meeting of the Fifth District Branch, September 18, 1948.

We live, each one of us, in a state of unstable equilibrium. everything in what we call the sympathetic nervous system stimulates Every impulse, every discharge of energy through our sympathetic systems accelerates, and is balanced by our brakes in the parasympathetic. It is by the balance between our sympathetic and parasympathetic systems that we live in normal nervous health. Those forces are never completely steady, are always fluctuating, due to a fluctuation in rhythm Every hving thing in the universe lives on rhythm There is no such thing as a straight line. There is a dip and a rise and a dip and a rise, throughout the entire uni verse systole lives by diastole. Nothing exists in the universe except by reason of its opposite. there would be no such thing as light, were there no dark, no such thing as a height if there were not a hollow And thus is also true in a living organism Thus it is, that this balance of forces constitutes our nervous health or our nervous unhealth It is also an unbalance of these forces that produces what we call the manic-depressive constitution. The manic-depressive constitution is too often only recognized by the doctor when the symptoms grow so severe that they reach consciousness or when they so influence behavior that the individual comes under recard.

The rest of us stable people also live by diastole and systole. We do not regard ourselves, if we are healthy, overmuch. But if we study ourselves very carefully we must be aware that we get out of bed on the wrong side some mornings and feel grumpy, not anxious to do our work, or we do our work rather slowly, we procrastinate, we leave out the harder job and take on the easier This situation perhaps goes on for two, three, or four weeks, according to our individual tempo, during which time we are not anxious to do or able to do any new work, any new thing On the whole we live rather well on our conditioned reflexes. But to get a new thought in a period of slight depression is extraordinariiy unlikely And then one morning the tun shines We find a glint again on the gingerbread, we whistle in the shower, and begin again to do a job of work and Leep at the joh on a new and higher tempo. That is the ordinary manicdepressive situation. When the dip is deeper, when the rise is higher, people are then called diagnosable as manie-depressives, in such condi tions the individual is either much better than his normal or much lower than his normal The best work in the world is done by the manicdepressive. Not when he is down. When he is up, he does the best work in the world, but he has to pay personally for the excellence of which he is

capable

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My own belief is that this stimulation of the diastole, of the emotions, of the dynamic part, is implemented through the hypothalamus, a small area of great antiquity, much older in our evolutionary growing than what we call our new brain with which we have been supposed to think I am quite sure that the control exercised over the organism by the "old" brain is a much more secure, a much more beautifully integrated mechanism, than our thoughts can produce in our conduct, judging by the kind of things we do Were the control of our organisms left to us, that is, to our conscious selves, what a mess we would make of it! We wouldn't live more than a few minutes if we had to run the show personally The show is run for us by the hypothalamus, under whose control comes, for instance, the strange rhythm of sleep, under whose control comes, too, the rhythm of woman's menses. Under the control of the hypothalamus comes the mechanism most imperfectly understood, by which carbohydrate metabolism is ordered so that weight balance is steady too, we have temperature control, and control of water balance There are many other refinements in balances subserved, perhaps, by the hypothalamus, the hypothalamus is the pacemaker of our emotional lives, and of our energy drive also

It is important to consider the microscope again to oppose the tyranny under which we doctors have labored We have been educated through our schools to believe only what we see If we were educated in London, Calcutta, or Paris, we were taught to come from Missouri, and unless it can be shown in a slide, "it ain't there" That has been the narrow, indeed the vulgar, attitude of our profession as a whole for something like fifty years. In the light of the new physics there is no such thing as a solid A solid only differs from gravity or electricity or from a thought by reason of a different geometric pattern of energy molecules man is a geometric pattern of energy molecules capable of being seen and even touched and hurt only in terms of our senses That which can be seen and felt is only one aspect of the force pattern

It might have happened that we would quickly read each other's minds and only deduce each other's faces. A most lamentable situation that would have been. Man is a collection, enormously complex, of energy molecules which dis-

till primitive energy into other forms of energy The nervous system is a distilling apparatus designed to take the energy collected from the universe into ourselves and distill it, according to the quality of our distilling apparatus, into abstract thought and even compassion. The thing of which we ultimately become conscious is but the end product of the process We kid ourselves that we are running the show, but as a matter of fact, we are like icebergs-one-seventh above water, the rest below The tip of the iceberg shows And for the man on sea-level that is the iceberg, but there is seven times as much iceberg below water! So we have to implement what has been the "pathology of fiber" by investigation into the "pathology of forces" We have to learn, we doctors, that the forces in the body are just as real as the fibers on which some of the forces travel I say some of the forces, for undoubtedly thought does not travel at the rate of nerve impulse. The rate at which the impulse travels along nerve tissue is very slow, but thought can be as quick as lightning

And where does "sleep" come from? Nobody in the whole world knows what sleep is We can tell you a lot about blood pressure in sleeping, metabolism in sleeping, but nobody knows what sleep is We just say it is hypnosis or suggestion We explain one unknown by something else more

unknown—and call it a day

For myself, I think these phenomena of sleep, of the hypnotic trance, of sudden loss of function in hysteria will be explained in some such familiar radio term as "blocking a beam", we know that we can put another radio beam across a beam carrying messages, and block the message is commonplace in physics, in electronics, in But no one has thought of applying it to the human instrument. At least, I haven't heard of it But I believe we can lay down a sort of radio curtain to block impulses coming from the environment, when the curtain is adequate we have "sleep" We can lay down a curtain—physical, if you like, purely physical to prevent any sensation coming to the conscious organism from a part of the body in hysteria, and the curtain can be lifted as quickly as any other electrical curtain

And we are now getting a better microscope, an electronic microscope which will let us see tissue without staining it, to see tissue, vital and living, but we are going to have to go even further, and learn not only to trust our own senses but have more trust in our own thoughts

The psychosomatic aspect we want to put before you is that a man is an immaterial thing—his body, his thought, his conscious mind, and the energy which is below consciousness. Also he has the power of distillation. Out of the primitive con-

scrousness of a cell he can distill abstract thoughts. This makes him infinitely the greatest of all living things. It is that distilling power which has made him, so far, the anxious lord of the earth. If all humankind were to be contented, however, nobody would do any work.

Once years ago I was asked in a meeting if we doctors had learned the place in the brain that governed the emotions So, rather pertly, I said "Yes" Dr Michael Pupin said, "Oh, I didn't know that. Where is that place?" I said, "It is the hypothalamus." That was more of a guesa fifteen years ago than it is now and, "But have you learned to pull the switch?" I said, "No, but I'd like to guess what will hap-And we may All the governpen when we do ments on the earth will appoint a switching day and all humanity will queue up to be ewitched into contentment. But there will be about one man in every million, or perhaps every ten million, who will hang back, and "he will be hanged if he will be switched" All the unswitched ones, all those doubting Thomases, in six months will find that they are the lords of the earth, and six months after they have become the governors of the world they will have found that there is no world worth governing, so to make mankind again discontented and therefore ambitious and willing to do a lick of work, the governors will load all the doctors into scows and tow them into the middle of the Atlantic and sink

Humanity is bound to be discontented. The balance in the unstable equilibrium in which we live keeps us valid as organisms. In our downdrops energy rises to consciousness as discontentment, and that discontentment when energy rises again has power, then energy to change the discontentment occurs, so that mankind works and strives and struggles and dies, but leaves work behind him. And in this merry-go-round, we go on living and gather roses on our wny and when we may

Some men go into battle with an innate instability, which any of us may have. There is no such thing as "screening" an Army so that the men in the Army will be imparvious to breakdowns. Anybody who has seen war knows perfeetly well that if a man gets enough wer-say enough chelling-for long enough, in one place, he will crack-unless he be an insensate fool he be a fool he may not have enough intelligence to be frightened The man who says he is never frightened by war is either a fool or a knave He is more likely to be a knave saying he is impervious. Such a man, if he is buried by debris and has to be dug out-may be only muscularly hurt, but he is apt to be deeply termfied. He emerges from that confinement with a huge adrenalmization, with his pulse going 150, with his hair, as I have seen it in the last war, en brosse, as the French say-like a brush, up, his hair standing on end, and he can hardly Usually such a person cannot speak. He speak tries to speak and, as the Bible says, "His tongue clove to the roof of his mouth," and he cannot make a sound Then he is sure he is dving he may have numbed his arm and not be able to feel anything in it. If then a medical officer asks him, "Can you move your hand?," and he truthfully says, "No, sir," the medical officer says, to some extent to protect himself, "Injury to reflexes of the arm," and sends him down the line to a safer place The suggestion of physical injury is so complete, and has been so accepted by that man, that he has temporarily lost the ability to unite his conscious self to that arm. That radio curtain I spoke of has been laid down, and he cannot feel in that arm, or he cannot speak when spoken to II that situation be allowed to continue for long, it may last a lifetime

But it can be cured It can be cured by the doctor, by the medical officer, who knows his business. Now here is something I would like to point out to you—that the quack is born, not made The doctor is usually made, not born The quack is a quack because he feels in himself the power to cure That is why he is a quack And he says, with assurance, "Speak." Or he says, with assurance, "Raise your arm" And if the man is hurt in a ctructural why the quack, not being a ccientific person, does not notice his failure but goes on to another success, so never has his confidence been mutilated The doctor, however, is hrought up through the schools

Most of the medical men whose neurologic attachment is not perhaps entirely as they would like it to be, at the bedside of a patient who cannot walk, look at the man, examine his reflexes, and "think" this is a hysterical situation. They say, "My dear sir, don't you think you could get up and walk?" And the patient, realising that the doctor has no iron in his soul and no convictions, says, "I certainly cannot." The only way the doctor can get the power to successfully say, "Get up, walk" is by his certain technical knowledge that the patient hasn't a structural lesion in the spinal cord. The doctor has to reach that self-assurance through a scientific technic

He has to exclude all other possibilities and be sure of the exclusion then he gets the power to heal.

I remember being asked to come to see a man who had a through-and through machine-gun bullet in his deltoid. The soldier had been examined by a very competent medical officer—a major. This medical officer said, "I rather think this fellow is hysterical, he says he cannot move his right arm "

When we got to the place I looked at the man quite carefully His reflexes were certainly normal in that arm, but he certainly could not move it nor could be feel anything in it at all. You could stick pins through it and he wouldn't You could draw blood and he didn't feel it In about ten minutes after I was sure of the diagnosis, I told him that I knew I could cure him and I said, "Let us begin with this finger and work on it You can do that" And he was surprised, and soon the arm was working, and very soon he was cured Also, as soon as he was cured, he could feel And don't let anybody use the silly words, "Oh, he imagined he could not feel" Nobody can so imagine—if you cannot feel a needle put under the quick of the nail enough to draw blood, then you don't feel You cannot get out of an explanation by calling it "imagination" The soldier did not feel, and ten minutes later he did As we went out this medical officer said to me, "Why couldn't I do that? I knew that man was hysterical" I said, "I am hanged if you knew he was hysterical. You thought he might be "

For one cannot cure these conditions that occur under emotional strain and fear, in the subjunctive mood The indicative and sometimes the imperative are needed for cure The subjunctive is no good. It is common in war for a man to lose his voice under emotional stress, and if he be allowed to continue to substitute for his ordinary voice a very low whisper, he may contimue to do so for years or for life I used to use a group therapy for phonetic cases in France would make a man stand at the end of a hut and try to speak to me in full view of the ward in which there were all kinds of cases but in which there were perhaps a half dozen soldiers who could not speak and had not spoken for either one day or twenty Then I would take him out of the ward to another place Very often I didn't use any instrument but suggestion, sometimes, however, I did use a very short stimulation of the throat mucous membrane, which made him say "uh" As soon as he heard himself say "uh," I was able to make him say "uh, e, i, o, u" When he had mastered the vowels he very quickly mastered the consonants, and in fifteen or twenty minutes I could bring that soldier back to the same ward, stand him in the same place, and make him address me down the hall of the The result was that every other phonetic was cured They were half cured before they were ever treated

This is what we call "suggestion"—the word "suggestion" is bandled about a great deal and nobody much tries to see exactly what suggestion

is I have described suggestion as the uncritical acceptance of an idea—of an idea which is in consonance, in harmony, with an already established emotional trend. If a man is in a certain mood to believe an idea, he will uncritically accept it as true. That is the reason why, if we are democratic, we buy democratic newspapers to save us a quarrel with ourselves and with the newspaper at breakfast.

The suggestion of blindness, the suggestion of loss of speech, the suggestion of paralysis, come easily when men are tired, when men have been blown up unwounded, and then blown up again, knocked over again, and are again unwounded, or perhaps hit by a piece of flying earth. Perhaps when they throw themselves down and a shell comes close to them its windage tosses them and its flash blinds them, even with their eyes shut And perhaps its flame may singe their hair, so that when they open their eyes they cannot see If anybody says, "Are you hurt, wounded?" the answer is, "I cannot see"

Then somebody is put in charge and the soldier is brought to the rear. If that man's loss of vision is accepted as organic by the medical officer, if he doesn't know enough about reflexes to be able to be sure that it is a reversible situation and not an irreversible situation, the hysterical blindness may last for years and not be recovered from even under the auspices of psychoanalysis

In the last war a journalistic word was allowed to run rampant through the world. This word was "shell shock" It was made by journalists and had such alliterative and dramatic qualities that everybody heard, remembered, and used it. The man who was shell shocked returned to his native town rather more a hero to his girl than the man who had been drilled through the chest by a machine-gun built. The fellow whose chest had been drilled had nothing much to show for it, and he made very unpleasant wheezy sounds, while the shell-shocked man "must have been in a terrible battle to have been shell shocked." The title itself inhibited cure, and satisfied the owner with his ailment.

I am not sure that our modern word of combat fatigue is very much better. What you call a thing is really just as important as the thing itself. Because what you call a thing may cease to be what it truly is, the tool or symbol of the thing, and it may be elevated into a god, or it may dwindle into a mere term of abuse. If you want to say the worst you can say about a mental condition you call it schizophrenic. One cannot discern a divided personality in ten minutes, and yet it is being constantly done, possibly not in ten minutes, but the idea is being formed in ten minutes, and it is written down on a sheet of paper in ten days. Such words go twisting

through the atmosphere merely as terms of abuse and not diagnosis

We had a term more or less officially squashed hy the Medical Research Council a few years ago -a term that raised its head as a danger It was called "destroyer etomach" It meant the indigestion that came to sailors who were on light craft, light service eraft, often in heavy weather They got chucked about, and it was supposedand quite properly supposed—that a train of digestive disturbance came from being chucked about from one side of the ship to the other This was labeled "destroyer stomach." There came to be quite an epidemie of destroyer stomach But if it had been called stomach inflammation. there would have been fewer complaints "I was just discharged from the Navy because of stomach trouble"-that does not sound well "destroyer stomach"-that is something else Fatigue un't a good thing to tell your girl aboutthat you have been discharged from the Army for fatigue But you can tell her with very good face that you have been discharged because of "combat fatigue" The inference is that you have been doing more actual combat than most The same for the term "flying strain" It is the adjective in all of these half lay words for the neuroses that does the harm, it is the adjective that satisfies the owner of the condition with his state and inhibits his cure

I made a suggestion like this at an address at the Inter-Allied Medical Conference in Paris in 1918 I talked about what was then called "ehell shock." I inveighed against the word "shell shock," and asked my betters futilely to use instead the simple word "nervousness." told them I had never seen a man suffering from a generalized psychoneurosis who at the same time had a severe physical wound, for the very good reason that a man with a physical wound does not need the psychoneurosis to solve his problem of what to do with the war

Everybody has the problem of what to do with the war At the end of four years of the last war, it seemed a long war We hardly were fighting the Germans, we were fighting "the war" The war had a stature like a genie out of a bottle, and we were fighting "the war," a situation in which all of us were The enemy became simply a symbolic thing which had to be dealt with in order to get rid of the genie threatening to extanguish you

I suggested then and I still think the idea isn't bad, that we should call people with this ailment by a term perfectly understandable to every man Not hysteria, because hysteria means a different thing to each The layman and the doctor have an entirely different idea of what hysteria is would diagnose that condition as "nervousness"

and, according to how he got that way, I would mark him "nervousness, sick," or "nervousness, wounded" That is to say, it has to do with-in the last war-wound etripes It has to do with Purple Hearts It has to do with all the little alogans men live hy So if a man breaks down under heavy shell fire and then takes to his heels. as good men do, he should be marked "nervousness, wounded", and if he breaks down when he is awaiting transportation overseas, he is natu rally "nervousness, sick." But the word "nervousness" is a perfectly simple English word, it carries with it no self-delusion. It is incapable of being rationalised away, and will act as a salutary instrument toward cure Of course, this unstable, equilibrated set of forces, which I said at the beginning is a man, can easily be made in-

A man has come through a succession of emotional stratifications You realize that at 4, 5, 6, and 7 years of age, a child is a witch doctor with obsessions, he is a superstitione poet We call it being a child We expect a little child to say there is a tiger at the foot of the garden pect a little boy of five to say that God is having a party with firecrackers when there is a thunder storm So does the red Indian Only we say that is what the red Indian thinks

A human being recapitulates in his anatomy all the cycles through which the race has passed We recapitulate cycles through which our hodies have passed through the ages We do the same with our emotions And at 5 we have an aboriginal culture Any boy of 10 will certainly not wear a tie different from every other boy of 10 He wants to be entirely uniform with his gang, with his group He rather likes secret societies in which there are no secrets He likes to join a gang, and be is very cruel if he thinks the other gang is a little weaker than his. I think the box of 10 has a primitive form of culture which we see in adult life as a Nazi The ordinary person continues through, and becomes civilized later

When we are desperately unhappy, when we are in an internal depression of the manicdepressive type, or when we have been struck hy shellfire into a numb state in which we hardly know our own names, we dip down to other strata of culture which we have long ago left, and wo become obsessional It is natural for the boy of 5, and there must be lets of adults who remember when they were children, that they had to touch the third bar of the railing which they passed every day when they went to school, or they had to jump over the cracks in the pavement or they had to step on the cracks of the pavement. We have all done that, and it is natural to the child

It is a very great sickness that affects the adult to any driving compulsion But when we are

depressed and suffer from the terrors of war we dip down to the stratum of magic, just exactly the same way as when we have a frontal tumor, we produce forced grasping in the opposite hand It is natural for the baby, the child, to have forced grasping, but it is not natural for the normal When he is a sick man, there is a return to the child pattern When we are sick emotionally we dip down into the realm of magic for help These depressions which overwhelm so many in civil life and which are imposed on soldiers in warfare are not just things of the mind—the conscious mind being the little bit of the iceberg, as you remember, above the surface They are influences, they are the impingement on the mind of a deep disturbance of the forces of the organisms, a deep We have had no instrument with unbalance which to balance these forces except the philosophy of the Greek words—regimentation, direction, suggestion And these are very madequate I don't think they do anything curative to the deep depressions at all

Then the instrument for what we most improperly call electric shock treatment was introduced—it should be called electric sleep treatment because that is the only thing the patient feels—he feels no shock or pain, he is aware of nothing but the fact that he has been asleep. No one has, by will, the power to balance unbalanced forces

Electric shock does something to the hypo-It brings the opposed forces into thalamus normal balance so that people with deep depression, filled with obsessions, compulsion obsession, or deep jealousy, unreasoning jealousy, complete insomnia, or, of course, the depression of the menses, become perfectly normal in a matter of eight to ten treatments In my hands the same people I had cared for fifteen years ago, perhaps for three years' time, have come to me now with a recurrence of their depressions, and they leave my care in less than three weeks this is a miracle—one of the greatest miracles that has happened in modern medicine reason why so many people don't say it is a miracle is that it is so miraculous that they cannot think about it. They can think about penicillin, they can think about sulfa drugs, because all of their thinking the past twenty-five years has been along the lines of getting something to kill something else. We are accustomed to the idea of getting a magic instrument which, put into a body, kills the invader, but this other is an entirely new order of thought. It is an entirely new aspect of vision. Therefore, one cannot think about it easily

We stand today in relation to the treatment of diseases of what we have called "the mind," which is no different than the body—it is just another expression of the body. We stand in regard to the treatment of mental disease exactly where Lister stood in regard to surgery when he made his first carbolic spray. There is a new wind blowing

There lately came to me for treatment, brought by his parents, and helped into the room, a loutishlooking fellow with a face completely drained of any emotion or intelligence. He had good features, but he drooled at the mouth He had complete thought block-well, not complete, but he had such thought block that we had to catch him every five minutes to get a word in reply to a simple question of perhaps his name or what he thought was wrong with him When I did get him to talk, during the second or third interview, he told me his legs were off—that doctors had cut off his legs And then, after five minutes silence, "They are in a bucket" He had gross somatic, bodily delusions He was incontinent of his urine as he stood in the middle of the room had been discharged from the Army, most properly, as a schizophrenic, and the medical officer had, off the record, told his parents that he thought the case was hopeless I gave that young man thirty-two electrical treatments, and for the last five months he has been perfectly well—gentle, humorous, well mannered, working every day at his father's business We must use this treatment freely, not only for the men in the armed forces, but also in rehabilitation

## PHYSICIAN-ARTISTS' PRIZE CONTEST

The American Physicians Art Association, with the cooperation of Mend Johnson and Company, is offering \$34,000 in War (Savings) Bonds as prizes to physicians in the armed services of the United States and Canada, and also physicians in civilian practice for their best artistic works depicting the medical profession's "skill and courage and devotion

beyond the call of duty "

For full details, write to the Association's Secretary, Dr F H. Redewill, Flood Building, San Francisco, California, or Mead Johnson and Co, Evansville 21, Indiana Also pass this information on to your physician-artist friends, both civilian and military

#### TROPICAL DISEASES IN RETURNING SOLDIERS\*

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#### I Malaria

Most of the tropical diseases in returned soldiers which are seen in the United States of America are of chronic or recurring nature. Foremost among these is malaria. There are today four recognized species of the malaria parasite Plasmodium vivax, the cause of benign tertian malaria, P falciparum, which produces malignant tertian (estivoautumnal) malaria, P malariae, cause of quartan malaria, and P ovale. The last is a rare parasite producing a mild form of tertian fever. Few cases of this disease have as yet been recognized anywhere. The quartan form of malaria is relatively uncommon but an occasional case may be met with

The form of malaria most dangerous to life is that caused by P faluparum, but few cases have developed in soldiers who have returned to the United States. In this form of malaria cerebral or other alarming symptoms may develop rapidly without warning. Recognition of this species of the parasite and prompt treatment is, therefore,

Important.

Nearly all of the attacks of malarial fever in returning soldiers are caused by P vivax. The particular variety of vivax infection contracted in the Islands of the Pacific shows a striking tendency to relapse again and again at intervals of about a month. A noteworthy proportion of these patients have twenty or more relapses in spite of repeated courses of treatment. Many who have had numerous relapses are nevertheless in good general condition. Alarming symptoms rarely occur and deaths are few. Ultimate recovery in from one to three years is to be expected even in the most obstunate instances of vivax infection if reinfection is prevented.

Why are faleparum infections infrequent in returning soldiers? The answer is that P faleparum is far more amenable to medicinal treatment that is P vivax. An attack of fever caused by either of these parasites can be quickly controlled by medication, but faleiparum infections are more early cured by treatment than are vivax infections. Another reason for the comparative scarcity of falciparum malaria is traceable to the response of the parasites to protective doces of atahine. In the desage commonly employed for prophylaxis, namely, 0.1 Gm daily, atahine

will nearly always destroy P falciparum. A latent vivax infection, on the other hand, may break through" and cause an attack of fever even when ntahmne is being taken continuously in the desage above mentioned, and a vivax infection is almost certain to cause fever after use of the drug has been discontinued

Most nuthorities now consider that atabrine (quincine, U.S.P.), on the whole, has some advantages over quinine when treatment can be given under medical supervision Quinine appears still to be the drug of choice for self-medication, but significant toxic effects of atabrine are not common. Both quinme and atabrine are absorbed quickly from the gastrointestinal tract except in very severe cases of malaria in which the gastrointestinal functions are seriously disturbed In average dosage, quinine takes effect more quickly than does atabrine reason for this is that quinine quickly attains the therapeutic level of concentration in the blood, whereas atabrine in average dosage attains the necessary concentration more slowly This disadvantage can be overcome by stepping up tho doesge of atabrine during the first twenty-four

Malanal relapses should ordinarily be treated promptly with quinine or atabrane. When relapses occur again and again, it may be advantageous to switch from one drug to the other and back again Prolonged courses of treatment with quinine are not usually recommended today because the drug tends to cause debility and because a rather short course seems to be as offective as a longer course. In most cases, ten days' treatment with quinine or seven days' treatment with atabrine is sufficient. In order to increase so far as possible the natural resistance of the natient and to favor the development of immune responses in his body, it is important to hulld up the general condition of the patient in every possible way Iron should be administered to combat anemia. An occasional dose of araphenamine may have a beneficial effect in a case of vivax malaria when there is anemia and debility, but otherwise arsenic has no special value in Arsenic is ineffective against P falcimalaria There is no drug which can be recommended at the present time as being superior to quimme or atabrino

Blood examination should always be made for diagnosis and to determine the species of the para-

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<sup>\*</sup> Read at the Thirty-ninth Annual Meeting of the Third District Branch of the Medical Society of the State of New York held at Albany on September 20, 1948.

site, because falciparum infections are dangerous Fatalities are not common with vivax malaria, but its manifestations may be severe and may be indistinguishable from those caused by falciparum infections Among the clinical types of malaria which may cause difficulty in diagnosis are those associated with severe abdominal pain and sensitiveness Mistaken diagnosis may lead to needless laparotomy When abdominal pain is of malarial origin, one does not expect to find typical reflex spasm of the abdominal muscles Moreover, in malaria the white count is ordinarily normal On the other hand, malaria confers no immunity to appendi-Gastrointestinal symptoms in malaria may resemble those of acute bacıllary dysentery or even of cholera The neurologic manifestations of malaria may simulate those of almost any disease of the nervous system, including mania and epileptiform attacks Coma of malarial origin may be mistaken for heat stroke, or vice versa, for cerebral hemorrhage, or for Finally, there are cases in which migraine, arthralgia, or pains in the muscles are of malarial origin even when little or no fever is pres-It is an excellent rule to suspect the presence of malaria whenever exposure to this infection might have occurred

## II Amebiasis

The term amebiasis as I shall use it today includes all forms of human infection with Endamoeba histolytica. This is the only pathogenic species of ameba found in the intestinal tract of man

The geographic distribution of E histolytica is world-wide The parasite is very prevalent in the tropics, less abundant in the subtropics, and common in the temperate zone. It has caused disease even within the Arctic Circle In the United States of America as a whole, the percentage of infection with E histolytica has been variously estimated at from 10 to 20 per cent of the entire population Our knowledge of the prevalence of E histolytica is based for the most part upon surveys in which a single fecal specimen from each individual has been examined when it was no longer fresh Such specimens are unsuitable for the finding of motile forms of the ameba Most of the positive findings have been based, therefore, upon the demonstration of Only about 50 per cent of cases of infection are recognized on the first examination therefore, a survey based on the examination of single specimens from each individual reveals infection in 10 per cent, the true proportion of infection is probably about 20 per cent in the United States from various localities have shown low rates for the northeastern states and

much higher rates in the southern states percentages of infected persons shown in these surveys has varied from nil, in a small town in New Hampshire, to considerably more than 20 These facts serve to emphasize the point that amebiasis is common throughout the United States The importance of amebiasis as a cause of disease in the United States was strikingly brought out by the considerable mortality which occurred a few years ago among persons who became infected in Chicago at the time of the Century of Progress Exhibition Persons infected at that time returned to their homes in all parts of the United States and some of them died because the nature of their symptoms was not recognized in time A number of fatal cases were correctly diagnosed only at autopsy The severer forms of amebiasis, characterized by dysentery, liver abscess, severe intestinal hemorrhage or perforation, are not common in the temperate zone, but typical cases of amebic dysentery have developed in Nova Scotia, and such a case may occur anywhere In tropical practice, amebic dysentery and the severer complications of amebiasis are common

It is important to recognize the fact that amebiasis can appear in various forms There are, for example, the cases of diarrhea without blood or mucus in the stools The diarrhea may be transient and, between the attacks, the patient may be constipated In another group of cases there are vague digestive symptoms, usually associated with debility and with complaints which might be interpreted as of neurasthenic Amebic ulceration in the cecum or in the appendix frequently causes symptoms like those of ordinary appendicutes Such cases, when not recognized, frequently lead to needless ap-The surgical results are likely to pendectomy be unsatisfactory Still other patients appear to be in excellent health and consider themselves to be so, but careful questioning may reveal the existence of symptoms of a mild type

From what has been said thus far, it is clear that there is no symptomatology which is characteristic of amebiasis The diagnosis, therefore, must rest upon suspicion confirmed by demonstration of the presence of the parasite Even when the ameba is present, the symptoms in a particular case may be caused by some coincidental disease, and not by the ameba amebae (trophozoites) occur in the stools only in the presence of diarrhea or dysentery As a rule, only cysts are found in relatively mactive or symptomless cases of amebiasis For the purpose of ascertaining the cause of symptoms, the presence of trophozoites or of E histolytica is more significant, therefore, than the finding of cysts Proctoscopy or sigmoidoscopy are useful aids to

diagnosis, and the roentgenologist may be the first to suggest the true nature of the case

I want to emphasize the fact that examinations of the feces are of comparatively little value unless performed by an experienced protozoologast or by a technician who has been trained in the recognition of the various intestinal amebao and of their cysts

Sources of error are numerous when stool examinations are performed by inexperienced persons. For example, cysts of nonpathogenic amebae may be mistaken for those of E histolytica, or a common fungus, Blastocystis homins, may be mistaken for an amebio cyst. The trophozoito, or motile phase of E histolytica, must be distinguished from that of the various nonpathogenic numebae and also from endotholial phagocytes which may show more or less motility and which may contain red blood cells

In my privato work, I refer all ambulators patients to an experienced protozoologist appointment is made at a time when the patient thinks he can provide a specimen He is handed a cardboard hox to collect it in and the examination is made forthwith. The equipment used is first rate If trophozoites or cysts are seen, the direct examination is followed by the staining of specimens Cultures are taken in overy case Unfortunately, few of our hospitals can provide comparable diagnostic service Members of the medical and nursing staffs of hospitals should understand that the way in which a specimen is collected is extremely important, because rehable reports from the laboratory cannot be based upon the examination of unsatisfactory specimens. In the first place, when motile amebae are to be looked for, the specimen should be carried directly from the ward to the laboratory and examined immediately. It is essential that the bedpan in which the specimen is collected should not contain an antiseptic Admixture of the specimen with urine or with enema material other than salt solution may destroy the motile forms of the ameba The presence of hismuth, barrum, or oil in the stool interferes seriously with the examina

The complement fixation test is of limited value for diagnosis because of the difficulty of obtaining a satisfactory antigen

#### III Bancroftian Filariasis

Formerly known as Filana bancrofti, the hancroftian filana is now classified in the genus Wuchereria In some of the Pacific islands, high percentages of natures are infected with this parasite. The parasite is transmissible to man by various kinds of mosquitoes. The worm reaches maturity, as a rule in elymphatic gland. Hore the larval microfilariae are born. These find

their way to the bloodstream, in which they may be found in enormous numbers

Apparently, most of the infected natives of the islands are free from symptoms. Elephantiasis of the legs or great enlargement of the scrotom occurs in a small percentage of these natives These distressing lesions are believed to be caused directly or indirectly by the filana. Attacks of iymphangitis or of eryapelatoid inflammation are likely to appear from time to time in connection with elephantiasis, or they may precedo its development. In years past, few white persons have developed elephantiasis evon after years of residence in a place where filamasis is highly endemic. Little was known of the lesser manifestations of filarial infection until after large numbers of our troops had been sent to Samon and to some of the other islands where filariasis is very prevalent. A few months later. many of these soldiers began to have transient, localized swellings on the limbs, funiculitis, epididymits, or scrotal edema. Persistent enlargement of epitrochlear or inguinal glands was found in many of these cases. The transient swellings were more or less painful and there was slight fever in some of the cases Signs of lymphangitis were frequently observed in connection with the These swellings have been thought to be allergic in origin and they have been attributed to the presence of filamae

Many of the afflicted soldiers had already seen elephantisals in its severer forms among the natives and had been told that elephantiasis was caused by filariasis No wonder, then, that these men became alarmed when their symptoms were attributed to filamens. They feared stemlity and they believed that they would ultimately develop elephantiasis Symptoms which were transient, and not in themselves very distressing, consequently assumed great significance in their minds and the resulting psychic trauma had serious consequences Hundreds of such patients were promptly sent back to the United States for observation and treatment end to remove them from the chance of further infection the attacks of swelling have diminished in frequency and intensity until they have censed to reappear Some of the men were in normal health after a few months In other cases, the attacks have recurred for periods of n year or Comparatively small numbers of men are still under observation.

Microfilariae have very rarely been found in the peripheral blood of these patients. The diagnosis of filarial infection has been confirmed in a small number of the cases in which hiopsy was performed, but routice use of this method of diagnosis is considered inadvisable. In most of these cases, the diagnosis rested upon symptoma-

Skin tests are of doubtful value tology alone for diagnosis

The physician who sees a case of alleged filariasis from the Pacific can render the patient an important service by reassuring him He may tell the patient that the number of adult filamae does not increase in the body if reinfection is prevented, that they die off gradually, that ultimately he will be free from them unless again exposed to reinfection in an endemic area, that natives of the islands who develop elephantiasis as a result of filamasis have been infected repeatedly since early childhood, whereas the soldier cannot have been exposed to infection for more than a few months, that most men who had similar symptoms have recovered, that some of them have married and become fathers, and that it is extremely unlikely that he will suffer serious consequences of any kind No form of treatment known will eradicate the filama from the body, but one should attempt to eradicate the fear of the filaria from the mind of the patient

#### RITUAL DEHYDRATION

"A Wine Cooper fell into a Dropsy which re-sted all the usual Methods Thus Man was sisted all the usual Methods prodigiously swell'd, Belly, Back, Sides, Thighs, and Legs Being past all Hopes and having on him an mextinguishable Thirst, he was permitted to drink 14 Quarts of Water in about 10 hours and in all that Time made not one drop of Urine. Soon after he began to piss, and he drank on, 4 or 5 Quarts daily, and so recovered That Water should expell Water is a Miracle beyond any of St. Winifred's Now no man in his Senses would have prescribed such a Water course to cure a Dropsy, which shows how little we know of Nature and the great Un-certainty of our Art."\*

The orthodox treatment of edema is by restriction of the intake of water and salt. The thirsty patient usually gets used to it and is supported and sustained by his physician's belief that a waterlogged patient can hardly need still more water This ritual practice gains further support when it is seen that edema sometimes increases when more water is Usually salt is restricted, because if salt is absorbed more water can be retained in the body The logical conclusion of this practice seems to be that the waterlogged patient should be given no water at all. A kindly compromise is usual, however, and the patient is allowed one or two pints daily or else enough to minimize suffering from thirst Edema fluid, like normal interstitial fluid, may tend to become concentrated by evaporation of water from the body surfaces when intake is restricted. Normally, the changes being reflected in the blood stream, the kidneys work powerfully to preserve the electrolyte pattern, so that if water evaporates they excrete a stronger salt solution and the internal environment is repaired. The kidneys can perform this work only if they obtain an adequate supply of water When edema fluid contains too much sodium salts the tissue cells become de-

hydrated and "thirsty" and the patient wants If he gets it the water naturally goes to make the cell environment again isotonic and to rehydrate the tissue cells which were "brinelogged" This beneficial rehydration may thus be attended by an increase of the edema enough to make the faint-hearted falter When the "thirsty" cells and edema fluid are satisfied the kidneys can then proceed to the repair of the electrolyte pattern and the

excretion of edema fluid.

F R. Schemm, reasoning on these grounds, has treated a large number of edematous patients by giving them enough fluid to supply the necessary surplus for adequate renal function. To promote further the elimination of surplus sodium he restricted sodium intake and gave a diet designed to produce neutral or acid end-products It was common, in his regime, to give several liters daily to patients with edema associated with cardiac failure or in nephrotic syndrome supposedly due to lowering of plasma proteins Cases of edema with congestive cardiac failure seemed to tolerate five or six liters of fluid daily by mouth or supplemented by intravenous 5 per cent dextrose, the edema sometimes disappeared and the patient improved on the regime after rest, digitalis, mercurial diuretics, and water restriction had proved ineffective. Benefit has been claimed in nephrotic syndrome, in pulmonary edema with left ventricular failure, and in stubborn anasarca with chronic rheumatic card-

Even with these large fluid exchanges it was found that needed sodium chloride was conserved by the

kidneys, and only the surplus was excreted.
Schemm's results are impressive and demand critical consideration. He recommends a modest and careful trial for the timid, and persuades the conservative with apt quotations to show that tradition favors the quenching of thirst, even in dropsy "That Water should expell Water is a Miracle beyond any of St Wimfred's which shows how little we know of Nature and the great Uncertainty of our Art."—Brit M J, June 28,

<sup>\*</sup> This quotation is from Sir Thomas Witherley, President of the Royal College of Physicians, 1684-7 methods," besides purges and vomits include besides purges and vomits included the use of calomel, mineral acids, and the murate of ammonia, but not a free use of water, even from St. Winifred's Well

## RECENT TRENDS IN UROLOGY AND THEIR APPLICATION TO GENERAL PRACTICE\*

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EVER since the days of Hippocrates, the art and science of medicine have made an almost continuous progress. The read has been n long one, and we are far from the end of that read

Medicine odvances slowly but surely, year by year yet the pace set the past few years would tend to make one think, for the moment that this progress has been more rapid than it has been in former centuries The dawn of the sulfa druga, penicillin, and other discoveries would give one this impression. We forget the progress made in other years except such specific discoveries as of germs, the radical changes in surgical technic, ure of quinine for malaria, araphenamine, mercury, and loter bismuth for syphilis, and many other items down through history ment in general has been slow and gradual, because doctors on the whole, are cautious creatures, and rightfully so They enjoy watching the progress made in our scientific laboratories. but only accept such progress after it has thoroughly proved its real value

All of this is true in general medicine, and in the special branches of medicine and surgery as well This paper, however, is a briof review of recent trends in the specialty of urology, and how they apply to general medicine. Let us begin, therefore, with the subject of carcinoma of the prostate Seven years ago, or until the work of Charles Huggins was introduced, we had little or nothing to offer the patient with carcinoma of the prostate Today, in some 60 to 80 per cent of these cases, a comfortable existence for them is possible, lasting in some cases five years and longer Huggins, in discovering that acid phospliatuse, recreted by the testes, feeds the carcinoma and keeps it growing proved at the same time that a regression of the malignancy follows the removal of the testes. The most striking feature of this phenomenon is the improvement noted in bony metastasis, nine to fifteen months after the operation Today, in the majority of cases of carcinoma of the prostate, we do not consider surgery upon the prostate, hut rather the removal of the testes, and the all-important administration of 15 to 20 mg of stilbestrol daily Stilbestrol, which still further counteracts the influence of the male hormone and its enzymes, is indeed most essential More failures follow when this drug is omitted, and it should therefore always be included in this regimen of therapy

The writer again wishes to emphasize the statement that in carcinoma of the prostate we do not today think first of surgical interference with the presente. Even in cases of total obstruction, and there are few it is not by any means always necessary to plan a resection or cystotomy to relieve the obstruction Often the use of an indwelling catheter for a week or two following orchiectomy. and stilbestrol, will find the patient voiding enturely satisfactorily, and in the writer's opinion much less trauma will be done to the malignant prostate The writer has 2 patients, both of whom had total urmary obstruction, who are now apparently chowing a complete recession of their carcinomas, and voiding normally some two years after orchiectomy. In leaving this subject it should be emphasized that in most cases of prostatic cancer few, if any, symptoms occur in the unnary tract until the disease is well advanced Rectal examinations are, and should always be, an important part of a physical examination. One patient seen recently, who had been given a so-called "clean bill of health" some two months before, had an advanced carcinoma of his prostate, but upon questioning he said there had been no previous rectal examination made Rectal examinations are certainly not a recent trend. It has been preached and stressed for years and years The trend should be to make them and stop preaching because every doctor knows the story, and he is depriving the nationt of his talents when he neglects it.

And what is the trend regarding adenoma of the prostate? Transurethral resection during the past ten years, has become an important nddition to our methods of surgical treatment. Some men are continuing it while others who followed it religously are returning to the open method Let it not be forgotten that there are three mothods, all of which hold an important place namely, suprapuble prostatectomy, perlneal prostatectomy, and electrosurgical transurethral resection Mortality rates, in either case seem to vary from 1 to 6 per cent. The writer happens to be one in the group favoring the suprapuble route, sometimes in one stage after preliminary catheter drainage, and in the really old patient with poorer renal function, using a two-stage procedure. It is not the purpose of this paper to argue for any one method. The trend is swinging back, with but few exceptions,

<sup>\*</sup> Read at the Thirty-ninth Annual Meeting of the Seventh District Branch of the Medical Society of the State of New York, held at Ciliton Springs, New York, September 27 1945.

to the open operation The suprapubic technic, which offers improved methods in exposure, the removal of all of the adenoma without resultant damage to the sphincters, the control of bleeding, etc., yields a satisfactory result, healing usually in ten to fourteen days postoperatively. The patient has a good forceful stream free of bleeding, burning, and discomfort. He is also free of incontinence, and not inclined to be continuously bothering his doctor for relief. So much for the prostate

Another trend, well worth mentioning, is the closer cooperation of the urologist and the gynecologist, regarding the subject of sterility Let me mention a woman seen a year ago, one who seriously wanted children. She had had three surgical operations and still did not become pregnant When asked if her husband had been examined, the reply was, "No" In brief, he had no spermatozoa in his seminal fluid fact that she had had even one operation is certainly poor medicine, but how she could have had three is a dark reflection on our profession should not forget that it takes two to make a bargain Another trend, in so far as gynecology goes, is the importance, especially in the large uterine fibroids, in which hysterectomy is being planned, of using the safety measure of catheterizing the ureters just prior to operation Occasionally patients in whom the ureter has been severed or ligated during hysterectomy are seen by urologists, and the picture is indeed a sad one when it occurs A catheter in the ureter makes such a catastrophe practically impossible

Urology, in the past few years, also has had something to offer to general medicine in so far as hypertension is concerned Unfortunately, however, this applies to a minority of hypertensive patients, a decided decrease from what was supposed to be the case when this work was first reported However, in the obscure cases of essential hypertension, it is well to study the urinary tract before deciding upon the hopelessness of the issue The fact is established that the patient who has a small, contracted, nonfunctioning kidney which has undergone atrophic pyelonephritis and who exhibits a high blood pressure, is greatly benefited and the blood pressure frequently returns to normal following nephrec-The blood-pressure substance, namely, renin, which forms in these atrophic kidneys, is thrown into the blood stream and hypertension is the result With the source of this substance removed, recovery often follows The one great difficulty which the urologist meets in these cases is the fact that so few of these are unilateral, making the percentage in which surgical interference is indicated rather discouraging No urologist has yet had a large series of these cases to report and consequently the literature involves only a few cases here and there. We should be most conservative in advising nephrectomy in such cases unless we have a very definite unilateral pathologic picture. In the cases of unexplained hypertension it is very little to ask of the patient to at least have intravenous pyelographic studies made. If one kidney is found to show no dye as the result of nonfunction, then a retrograde pyelogram should be made. If such a pyelogram exhibits a decidedly pathologic kidney, these, and only these, are the patients in whom to consider nephrectomy

And now, what about urmary infections? Is the trend to give all patients with pyuria a sulfa drug, penicillin treatment, or what? Are we forgetting that tuberculosis of the kidney and bladder still exist? Are we going to culture the urne in the beginning or treat blindly, putting the cart before the horse, as it were? The trend, as far as good medicine is concerned, is to know with what organism we are dealing. Even a sterile culture in pyuria is presumptive evidence of tuberculosis Possibly the new drug, streptomycin, will do much for urmary tract tuberculosis That remains to be seen But, as far as tuberculosis is concerned, when it is proved even though only in one kidney, the trend today is not to do an immediate nephrectomy, but rather to give the patient at least a year of institutional treatment, and then decide upon the advisability or nonadvisability of a nephrectomy

However, of all of the infections of the kidney and bladder, the colon bacillus is the most common, and unfortunately, penicillin has no effect upon it. Here we must rely on the sulfonamides and, when these fail, the older methods, such as acidification and ketogenic diet, must again be resorted to. It also might be well to recall the fact that any urinary infection showing a persistence of the staphylococcus albus demands careful study by x-ray and cystoscopy, because this organism is so frequently associated with stone in the urinary tract. The infection may exist long before the stone has given any obstructive symptoms.

There is another subject which seems to be exhibiting considerable interest in the field of urology, as well as in general medicine, and this paper would not be considered complete without mentioning the male climacteric. It is, of course, too complicated a subject to discuss at any length in a paper of this kind. It may be stated, however, that the male climacteric is today considered a definite climical entity, and once the diagnosis is accurately established, the specific treatment with properly administered dosage of testosterone yields, in most cases, astonishing results. Look for it in men anywhere between

the ages of 50 and 70. The predominating symptom is nervousness, then come sleepless or worrsome nights. A feeling of tremor very often accompanies these symptoms. Forgetfulness and inability to concentrate, mental depression, crying easily, a fear of impending danger, and even typical hot flashes, such as occur in the femala as a part of the menopausal picture—all or any one or two of these symptoms should suggest this malady.

When one considers that this condition has even been recognized at all for only the past few years, it is no wondor that many of these patients went through their periods of the climneteric with little or no relief It has, in fact, only recently been necepted by our own American Medical Association as being a distinct clinical entity The alert physican will be doing his patient n great and unforgettable favor when he recognizes it and treats it specifically have been n number of articles on this subject in the various journals, one of the most enlightening of which appeared in the March 24, 1945, 183110 of the Journal of the American Medical Association by Werner, of St Louis It is well worth reading. The writer is inclined to disagree with some nuthors regarding the frequency of administering testosterone Excellent results seem to be obtainable when 25 mg are given twice i week for two weeks, then once i week for the next few weeks, and gradually lengthening the interval between injections Not infrequently are the results so striking that the patient returns three or four days after the first injection stating that he feels very much improved often so much so that both physician and patient may nopear to wonder how it could be possible

The writer would like to close this paper with a few remarks regarding the ever increasing use of penicillin in gonorrheal wrethritis in the male and gonorrhea in the female Unfortunately, that war era has brought an increase in this discase,

which had been supposed to be on the decline Pelouze told us we would have the greatest epidemic the country has known as the result of "false cures" with the sulfonamides excellent advice And let us take heed that the same does not occur with penicillin, by its wrong management Possibly 100,000 units will eradicato the disease in most males, but 200,000 units usually eliminates that stage of wondering Since the trend toward giving penicilin at the office has become routine, one must not attempt it unless he can devote the necessary frequent visits to the office in cooperation with the patient Two hundred thousand units can be given nicely in six doses, by mixing each 100,000 units with 0 cc of normal salino solution, giving 1/2 or 3 cc at each dose, for example, at 9 00 AM, 11 00 AM, 100 PM, 300 PM, 500 PM, and 700 P.M It is most important, too, to have at least three follow-up smears and cultures before discharging the patient. In women it has been found more advisable to give 200,000 to 300,000 units, combined with 3 Gm of sulfathiazole dnily. continuing the latter for ten days. The resultant amears and cultures apparently yield a higher percentage of negatives. This is the method used by the writer It has yielded, on the whole, gratifying results, although there are many other methods in voguo The strees should be on the result, and unless we follow the patient through to the finish in a ecientific determination of a cure we had best forget the whole problem To leave a patient believing he or she is oured of gonorrhea only ands in one thing-the spread of the disease to another individual

In summarising, therefore, attention has been given to some of the recent trends in urology, at least the more important ones. Such changes are taking place in all fields of medicine. New methods given us by ecience are for ns, as physicians, to use

525 South Main Street

#### VITAMIN A CONSUMPTION SHOULD BE INCREASED

Increasing the family's vitamin A consumption is good for young and old, it appears from studies of rats reported by Dr H C. Sherman and Dr H L. Campbell, of Columbia University
Liberal intakes of this vitamin, found in such

Liberal intakes of this vitamin, found in such foods as butter liver egg volk, carrols, and green leafy vegetables tends to postpone aging and increase length of life Dr Sherman and colleagues have previously reported

Now they find that the offspring in rat families on

the liberal vitamin A intale grow somewhat more rapidly and with less individual variability. This indicates, the scientists point out that liberal vitamin A has both a favorable and a stabilizing influence on growth.

This favorable stabilizing effect on rat growth was observed with vitamin A intakes two and four times higher than the intake considered fully enough to meet the rat a mitritional needs.—Science News Letter, July 28, 1945

## PSYCHOSOMATIC ASPECTS OF GYNECOLOGY AND OBSTETRICS\*

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HE important position which the sexual L characteristics of a woman play in her life must make it almost a foregone conclusion that a close connection is present between the psychic and physical phases and that disturbances in either field can be handled more effectively if this fact is recognized and adequate attention given it by her attending physician The importance of the "psyche" in woman has been admitted from early historic periods and the old conception of "nervousness" as the basis for many of woman's complaints has long held the middle of the stage As a matter of fact, if this is assumed to be the only explanation, many real illnesses, especially in the genital sphere, may be overlooked It is essential, therefore, to inquire deeply into all of her complaints even if they appear trivial but not to ascribe them to purely psychic disturbances until a pathologic basis can be ruled out

The field is a vast one and I will refer merely to those topics, gynecologically classified, as it were, in which it may be possible to develop a definite relationship between the somatic and psychic phases of a disturbance or actual illness. These may be considered as follows

- 1 Menstrual disturbances
- 2 Pregnancy and certain associated conditions, such as hyperemesis, fear, etc
  - 3 The menopause

In the symptomatic treatment of certain groups of gynecologic patients the combination of physical therapy with psychiatric procedures is of twofold value For hydrotherapy, douches, hot applications, properly devised bodily exercises, dietary regulations, sojourn in fresh air and sunshine, and other directives, in addition to their specific remedial effects, have a definite influence on a patient's mind The physical benefits must be impressed on the patients, the secondary mental influence often follows quite natu-Women readily become worned and fearful by disturbances in their genital sphere, such as irregular or painful periods, vaginal discharges, persistent backaches, and many other conditions. which may be tremendously improved by a combination of physical and psychic measures simple direction to do this or that is insufficient, the doctor must be insistent and impressive and describe in detail what he wants to accomplish He must above all be sympathetic, he must recog-

nize the fact that what seems unreal to him may be very real to the patient A comparatively slight deviation from the normal or what, from lack of knowledge by a patient, becomes a major disorder in her mind, may lead progressively from an initial worry or fear to an actual obsession and finally to a serious psychic disturbance view of the complexity of the problem it is important that the gynecologist, and likewise the obstetrician, be aware of his responsibility but that he not be misled in attempting to cure, by either physical or psychic measure, what may require a realistic combination of both nary to whatever may be done, history taking is most important Unfortunately, there is often a conflict at this point—the gynecologist is more direct, he keeps in the back of his mind the idea that there is an anatomic or pathologic basis for the complaints and findings in his patient psychotherapist, on the other hand, delves more deeply into the obscurities of her past life, personality, heredity, childhood impressions, parental relations, etc., often eliciting by suggestion thoughts previously unconscious but now made All of this, it seems to me, therefore conscious calls for a much clearer appreciation by both classes of practitioners of what each is capable and of a better understanding of their limitations I shall have occasion to repeat these sentiments later on

It is my purpose to discuss rather briefly in turn the three topics already enumerated, namely, (1) menstruation and dyspareunia, (2) pregnancy abnormalities as concerned with psychic disturbances, and (3) the menopause In connection with these, references to other allied conditions will be made

#### Menstruation

Menstruation is a natural function, the purposes of which need not be discussed further in this connection Most girls begin, however, without a knowledge of what it means, especially What is more when the onset is unexpected important for a mother than to be prepared to explain menstruation to a young daughter, and not interpret it merely as a burden to be borne, an affliction from which the normal female cannot escape, an annoyance, rather than an essential physiologic factor in a woman's life? This brings up the problem of early sex education, which is beyond the scope of this paper, but there is need for instruction somewhere and the lack of proper knowledge is often productive of trouble

<sup>\*</sup> Presented at a seminar on psychosomatic medicine, Medical Society of the District of Columbia, Washington, D.C., May 29, 1944.

later on At the onset of menstruation, tha periods may not be regular as to intervals and amount, but there will be no ovident disturbances. It is well, however, for some one to keep a record and for the girl to be made aware or warned of possible disturbances and to report them.

Among the distressing accompaniments of the menstrual function is pain in varying degree, especially as adolescence is approached not of universal occurrence, it is common enough to test the diagnostic and therapoutle resources of the physician who may be consulted handling of the primary type comes into closer relation with psychic measures than does the secondary Formerly the idea prevailed of attributing menstrual pain to a variety of anatomic causes, including uterine displacements, infantile genitalia, defective inusculature, or some inherent disturbance of the pelvic nerve supply More recently, experimental evidence has shown that there is little burns for most of these assumptions and that the operative procedures so largely employed for relief are generally unsatisfactory and unnecessary The process of ovulation can be regarded as the underlying cause for the pains, which are essentially uterine contractions initiated by the passage of accumulating blood A sound passed into the uterus often produces a similar complaint Some women naturally are more sensitive than others The suppression of ovulation by estrogens, if it can be made effective, prevents the development of a secretory endometrium It is mostly of experimental interest but questionable as a cure, as is instrumental dilatation of a rigid cervical canal or cervical incisions and stem pessaries The direct action of radium and x-rays on the ovaries themselves has been employed, by putting an end for a time to menstruation, but thus is an indesirable procedure because of the risk of a permanent amenorrhea. especially in younger women. The more recent suggestion to resect the presacral group of nerves cannot be accepted without reservations, although good results are claimed for what essen tially is a major surgical procedure. In many enses of primary dysmenorrhen relief follows childbirth to a greater or less extent, as the parous corvix permits a freer discharge of menstrual blood

I have referred to these various factors in detail because a knowledge of what we seem to know or do not know about this condition is essential to its proper handling. In the belief of many gynecologists it is an error to treat this type of dysmenorrhen on the principle that it is due to organic disease or an endocrine dysfunction. An unfortunate impression is made on the mind of the patient by making her believe that there is an underlying organic cause and that relief will follow operative interference Naturally, one must be careful to exclude intrinsic organic factors in judging the individual case but, by and large, these are infrequent. It is, therefore, of distinct importance to assure the patient that she has nothing to worry about in this connection and that simple remedial measures will be effective This attitude must be supported naturally by proper sedativo measures. Drugs which have no cumulative aftereffects are to be preferred to the oputes, which should be resorted to only in extreme cases and then only temporarily various, much-advertised, proprietary remedies are dangerous because of possible habit-forming or secondary effects The milder barbiturates and some of the newer synthetic analgenes give good results, as do certain atropine derivatives. A point should be made of when and how often they are to be taken, beginning with the onset or even before the pain starts Physical measures including heat and rest often are helpful and I do not agree with the advice often given, "to forget it" Most of these women are impressionable and must be made to believe that something can be done for them.

A form of psychosomatic treatment by hypnosis of functional dysmenorrhea which fails to respond to symptomatic measures has been suggested Kroger and Fried reported recently that in 7 out of 9 cases of the patients thus handled, the results were favorable. With the patient in a deep somnainbulistic state, the suggestion is made that the next period will be normal and free from pain. Naturally the induction of a hypnosis for this purpose can only be carried out by an experienced practitioner, tho method is entirely without the province of the clinical gynecologist. In reastant cases cooperation between the two, however, may prove a valuable procedure

In considering the pain attendant upon menstruction, the suggestion has been made that dysmenorrheic patients manifest a lowered pain threshold as compared with normal women Experimental evidence on this point has been presented recently by J O Hamon, who found by sensometer testing that the average pain threshold in 100 dysmenorrheio patients was lower than in equal control groups of nondysmenorrheics, postmenopausal women, and men Moreover, those suffering from the primary type showed a higher sensitivity than those afflicted with the secondary type It may be concluded that there apparently exists in the constitution of the patient with painful menstruation an intrinsic factor which renders her more susceptible to pain sensations. The foregoing must be taken into account in the bandling of these patients and

places certain limitations on their psychiatric treatment

The increasing employment of women in industry has necessitated greater attention to this now widespread cause for work stoppage, which constitutes a serious problem especially in factory Even among the semimilary employment forces the incidence of dysmenorihea is reported The difficulties of a psyto be considerable chiatric approach necessarily must be evident under such circumstances and resort must be made to the more direct methods from this, the desirability of a more scientific approach to the problem of the woman with painful periods must remain paramount even if this means setting aside some of our preconceived no-Psychotherapy may play an important role in the handling of dysmenorrheic patients, but to be adequate it must be intelligently employed and with due recognition of the susceptibility of the individual

I cannot quite agree with theories advanced by some that if pain is associated with monstruction in a patient, it is a reminder of some disturbance in her past, largely emotional, and that unconsciously she is prevented from realizing this Furthermore, there is the behef, unproved in my estimation, that menstruction, a phenomenon of great importance in a woman's life, must involve her mental sphere claim follows that a neurotic individual in particular is incapable of correcting this misconception by experience To some extent this may be true, but in many cases it is not borne out by clinical experience Questioning these patients fails to elicit any facts pointing to such possibilities, although in an impressionable young woman these suggestions often bring forth the desired answer The majority of women suffering from dysmenorihea are otherwise well both mentally and physically and, if they can be reheved by sedative measures, are quite contented In my own belief it is better to attack the situation by direct medical and other physical therapeutic measures, before resorting to the more involved and time-consuming method of psycho-If there is a psychologic component, so called, naturally this must be eliminated if possible, but I believe it can be done with better success without the ordinarily extensive psychic analysis to which these impressionable women are so often subjected

## Pregnancy

(a) The Fear of Pregnancy—Many years' experience in obstetric practice have indicated to me the need of a more satisfactory approach by the practitioner to this subject. In order to evaluate the basis of this fear it is necessary to

consider both the real and the groundless causes In addition, we must also pay heed to what must be regarded as the selfish point of view toward childbearing which has become so prevalent owing to various propaganda movements centered around "birth control" and perhaps to the irresponsibility developed in so many women who regard their careers, either social or materialistic, as the more important

The fear of pregnancy may be very real in those women afflicted with previous crippling illnesses, with former difficult labors, with families of small children, where conception occurs after a long interval of childlessness, or where the third decade of life has been passed Each of these must be given detailed consideration and evaluations arrived at as presented by the individual But with a better knowledge of what can be done with adequate prenatal care and proper methods of dehvery and aftertreatment, much of the uncertainty can be eliminated means, above all, the establishment of a satisfactory relationship between patient and doctor, including mutual confidence, and here is where psychiatric methods, if we may call them so, constitute the keynote of success

Let us consider specific instances A patient with heart disease or pulmonary tuberculosis has been warned in various ways that she cannot become pregnant without danger to her life has been instructed in the use of contraceptives and on occasion these have failed Her general condition is good but she is possessed with fear She goes to her doctor and he either fails or does not convince her She is discouraged and usually demands an abortion, for she becomes obsessed with the fear of a fatal ending to her pregnancy The husband and family are of little help therapeutic abortion follows by a legitimate physician or even a hospital clinic, often with insufficient indications More often, especially if the interview with the physician is unconvincing, there is a resort to an abortiomst, who counsels One cannot deny that in some but one solution cases there are definite reasons for the interruption of pregnancy, but on the whole there prevails an unnecessary sacrifice of fetal life because psychiatric procedures are not employed as they The approach to the problem must should be be individual, a careful history is essential, together with an adequate general physical exami-When this is satisfactory, then a reassuring attitude must be developed with due attention to the handling of intercurrent symp-Then the physician can pursue through frequent visits in these earlier months of pregnancy a method of instruction and reassurance by which his moral influence may overcome the patient's fears Statistical studies have shown

that cardiac, nephritic, tubercular, and other cases can be guided safely to a successful termination, although it may mean the exercise of much skill and patience by the physician and cooperation by the family

May I quote, in this connection, the experiences of certain well-known obstetrio clinics. For example, Cosgrove, of the Hague Maternity Clinic, in Jersey City, claims that in 98 per cent of cardiac cases, good management will avoid heart failure and in only grave cases is abortion Deaths from heart disease in this, as well as in other clinics, frequently account for 10 per cent of the total fatalities but these are made up principally of women admitted in cardiac decompensation following inadequate management. Pulmonary tuberculosis complicated by pregnancy has developed raging controversies as to method of treatment, yet it is now generally admitted that pregnancy can go on if the tuberculous process is properly treated, especially hy the newer surgical methods Fixed hypertension with our accepted involvement of the kidneys is probably the most serious condition demanding an interruption of pregnancy, but here careful individualization is essential. A mere rise of blood pressure without complicating cardiac or renal disease constitutes an insufficient criterion.

Women become greatly worned if they have a knowledge of high blood pressure, but worry it-Much of the soself is a contributing factor called essential hypertension about which we hear so frequently today does not, in my belief, constitute a contraindication in a properly watched pregnancy, and the doctor's reassurances may prove very helpful I do not mean, however, that psychotherapy should be the guide, adequate physical diagnosis still remains the

deciding factor

In considering the fear complex of pregnancy attention also must be directed to the movement so widely discussed in recent years namely, tho voluntary restriction in childbearing by contraceptive devices. Women have been led to assume hy propaganda groups that these are universally efficacious and, if distilusioned by their failure or oven pretended failure, a period of worry and anxiety follows which, in a susceptible individual, the physician finds it difficult to overcome. The happiness, which is so widely heralded by those who are spreading propaganda of "birth control" and advocating their contracentive devices to secure it, is not as widespread as these sponsors would lead one to believe Many women are worried by the fear that they won't work and sometimes this becomes an ob-As a matter of fact I wonder wbether a resulting neurous may not be as serious in the individual who employs contraceptives as in the

one who does not, insofar as the possible occurrence of a pregnancy is concerned

In prescribing contraceptives insufficient attention has been accorded to the mental makeup of the applicant or care taken to evaluate the medical, social, or other indications. From my own experience I feel that many cases of neurosis in women, for want of a better term, are dependent upon this factor and that resulting frustrations have a direct bearing on the production of certain pelvio disorders

(b) Hyperemens -One of the most usual accompaniments in the early months of pregnancy is the so-called "morning sickness," which may vary from mere manifestations of nausea to continuous and distressing vomiting, resulting in a well-marked toxic state which, expecially in former years, frequently called for an abortion Whether these phenomena can be explained adequately on either a purely psychic or an organic basis still remains undecided, but unquestionably in many cases the unsatisfactory designation of a neurosus as a basis plays an important role and relief from symptoms may follow suggestive pro-However, a combination of both forms of therapy will afford better relief in many cases rather than adhering to either The type of patient must be recognized. As in other illnesses the high-strung, unbalanced, or so-called nourotic patient suffers more and is more difficult to manage than one of the placed type Successful management of "morning sickness" in a first often eliminates, but not invariably, this symptom in subsequent pregnancies Therefore, it is important to achieve success in treatment the first time

We must consider in each case whether we are dealing with a neurous, a vitamin or other food deficiency, an endocrine imbalance, or some definite organic disturbance, although one or all of these factors may be at fault. Sometimes a procedure by the trial and error method must be followed The chinical pathologist and the chemist have given little aid, the findings in persistent vomiting cases usually are the result rather than the cause of the disturbance Therefore, certain measures of a general character must be used, including correction of abnormalities such as uterme displacements, constipation, dictetic errors, etc. In many instances, a fat-free dict, alkalis, and sedatives are sufficient. Whether endocrine administration is rational has by no means been proved, but insulin is of value perhaps in connection with the carbohydrate diet so frequently found effective.

Recently the use of large doses of vitamin Bi. administered parentally, with sedatives, seems to have given good results, but the procedure requires further confirmation

Where circumstances permit and no response attends simpler methods, the institution of what used to be called the Weir Mitchell treatment is of value and importance. This means absolute bed rest, restriction of visitors, and a firm but instent talk by the physician, which must be sympathetic and encouraging. A carefully chosen attitude will inspire confidence and may bring about rehef; if it is resented, little will be accomplished.

There is one factor in treating cases of severe hyperemesis which must be borne in mind, namely, the resultant dehydration Fluids by rectum and hypodermoclysis are essential in these cases and then purpose must be made evident to the patient As I have already stated, "morning sickness" which becomes severe, unless it can be effectively treated, often inspires a condition of fear in subsequent pregnancies which it may be difficult to overcome For some reason or other, the incidence of severe hyperemesis has declined markedly in recent years. No satisfactory explanation is at hand, but one may be grateful that an accepted cause for therapeutic abortion has been reduced to a marked degree However, if hypereniesis does occur the moral effects of suggestive measures are paramount elements in the satisfactory handling of this unfortunate accompaniment of pregnancy

If ne regard hyperemesis as a nervous mainfestation, there is perhaps no field in obstetric practice in which psychic disturbances may bring about such marked secondary somatic changes The continuous and often apparently uncontrollable vomiting, by its direct effect on the nervous system and nutrition, reduces the patient's bodily resources to a degree almost unbelievable and yet if it can be checked, recovery is astonishingly rapid, provided the actual damage has not gone too far One important item in the aftercare of these women is to assure them that their distressing complaint has no effect on the development of the fetus They are sometimes likely to feel that their baby will be malformed or poorly nourished, which then constitutes another cause for anxiety

For a certain time not so many years ago, hyperenesis was regarded as inerely an earlier manifestation of the tovenia which in later months developed into eclanipsia. That view is not widely held at the present time, but we must appreciate the extent of a neurotic basis in any given case and watch carefully for signs and symptoms which point to a beginning of an acute yellow atrophy. The latter is a rare complication of pregnancy at the present time, and whether one type can develop into the other remains a question to be home in mind. It is always a matter of gratification how psychic, combined with

medical therapy, will accomplish results in many of these cases of ordinary or even aggravated pregnancy vomiting

(c) Scrual Frigidity, Dyspareuma —The family physician, and perhaps less often the gynecologist, may learn of the existence of a sexually frigid state in taking a lustory in complaints of pelvic disturbances It may be stated with considerable certainty that only in rare instances is there a sometic basis for the complaint of frigidity which, of course, must be differentiated from impotence Frigidity may occur in apparently normal individuals in whom no pathologic pelvic lesions can be found, yet there often is a resort to surgical procedures in an attempt to relieve the condi-An underlying psychologic factor may be difficult to elicit and requires perhaps repeated auestioning Mental depression due to a variety of causes may reduce or abolish sexual desire, but usually this is temporary and subsides with the climination of the cause But marital maladjustments may have an important bearing and often are difficult to overcome The mistake is often made in ascribing frigidity to an endocrine imbalance or, as is now so fashionable, to a vitamin deficiency However, there are many conscious or unconscious factors, mostly psychic in character, which, in my experience at least, are difficult to eliminate by a third person women go through life without attaining sexual satisfaction, yet in most respects they maintain a fairly happy existence It is an error to make such individuals feel that they are inferior by too insistent efforts on the part of the physician to help them Time alone often solves their prob-

lems On the other hand, when dyspareuma is present and can be traced to a definite pathologic cause, this should be eliminated. For dyspareunia is a deterrent to normal sexual life, contributing both to frigidity and impotence. There are so many angles in the picture that it would be futile to attempt a solution within the limits of thus presentation The psychotherapist may be justified in his efforts to improve the condition of these patients, but the effort can only succeed if the approach is not resented. In the purely psychic case, not complicated by any somatic elements, a lack of response may even bring about a greater mental disturbance and degree of unhappiness than had previously existed. A retarded emotional development is present in many How far this may be improved by psychotherapy I do not feel qualified to state, but I do believe that a closer association between the gynecologist and the psychotherapist may ultimately be helpful My own experience leads me to believe that the gynecologist alone, unless he is qualified in this field, can accomplish very

lettle, for he is still too mechanistio in his aims and ideals. In any patient with dyspareuma, pathologic leanors must be eliminated whether by surgical or medical measures, before undertaking any psychotherapeutic procedures. The latter may then prove much more successful

#### The Menopause, the Climacteric

These two terms have been used indiscriminately and interchangeably by both the profession and the laity Medical dictionaries define menopause (a combination of the Greek men, month, and paussis, cessation) as the permanent cessation of the menses and the termination of meatrual life. The climacteric, or climacter, is a supposedly critical period of life, after adolescence, occurring in both men and in women, but especially with the menopause in women. Going a bit further, the grand climacteric is the axtythird year, the ninth of the seven-year periods each of which, from the third on, is regarded by many as a critical period.

This implication of a critical period in a woman's life in particular serves in many instances to develop a sort of anxiety neurosis The transition from a regular menstrual flow to irregularities of time interval and volume induces, often from lack of personal knowledge or imperfectly gained knowledge, a state of mind which may have serious reactions in a patient Perhaps at no time in a woman's life is proper mental guidance more essential But women have been led to accept these changes as natural and unavoidable and have failed to distinguish between the normal or usual, and the abnormal. Aside from purely functional or anatomic features of the menopause there are psychic disturbances which may vary from the mild to the serious. The latter, of course, may be merely coincident but are frequently ascribed to this period both hy the lasty and the physician

From the definitions previously quoted, it would appear desirable to drop the common use of the word "climacterie" from ordinary medical parlance, for it always conveys the thought of n critical period and thus magnifies a phenomenon fairly normal in most cases. Whether a menonause which runs the usual course may aggravate n previously existing psychosis or serve as a causative factor in a new one, I am not prepared, as a gynecologist, to make a satisfactory answer In cases which have come to my attention, I felt that there was little or no connection complication does arise, I believe it is without the province of the gynecologist and its handling should not be attempted through the medium of mere catrogen medication generally employed The latter essentially is substitution therapy and if employed other possible ondocrino disturbances should be borne in mind, such as of the thyroid or pituitary

The approach to the menopause is heralded by several clinical symptoms, including changes in tune and volume of the menstrual flow which may or mny not be accompanied by "flashes" or "flushes," indefinite sensations or chilliness, muscular and joint changes, and other more or less indefinite complaints. Most women accept these, others are disturbed mentally to a greater or lesser degree. If a response is secured by the administration of estrogenic substances, the nervous tension is relaxed but there frequently dovelops a phobia of one kind or another Among the common ones is the fear of cancer, and there is always a risk attached to a physician's assurances that this is not present, unless n careful and conscientious examination has been made to exclude lt. A mere dismissal of the possibility. with a continuance of symptoms, drives the patient from one clinic or doctor to another Under such circumstances the attendant worry may be difficult to overcome. On the other hand, a psychiatric approach alone, and the actual condition unconfirmed by a thorough gynecologic examination, may lead to an unfortunate outcome.

All of this calls for more intimate cooperation between the two classes of practitioners involved. I do not believe that a psychiatrist should undertake to handle a case of psychic disturbance associated with the menopause unless any and all possible pathologic complications have been definitely eliminated

There is another phobia which may develop at this time, namely, the fear of pregnancy We must assume that as long as periods are present, no matter how long the interval between them. ovulation is possible. A patient is unable to observe menstrual dates at this time or is careless in the matter After missing soveral periods. the thought enters her mind that she may be pregnant and the attendant suggestions actually bring on subjective signs, including anorexia. breast fullness, etc., and often a feeling of abdominal enlargement. A pelvie examination may be inconclusive in the doctor's mind but fear of childbearing so late in life develops in these women a state of fear which drives them to the professional abortionist. In such cases assurance must be supplemented by a pregnancy test. Should this be positive the mental effect is even worse, and I often wonder if it is justifiable for a woman at this period of ber life to continue with a pregnancy which will constitute a severe strain both mentally and physically, especially in the presence of a family of older children. Some women, of course, do not seem to mind, others become mentally unbalanced. An adjustment

to whatever condition is found will call forth the best efforts on the part of the physician

#### The Principles of Psychotherapy

Gynecologists, as I have stated previously, have been trained largely in mechanistic methods They look for results based upon these in combination with accepted physical and medical prescriptions The newer knowledge of the endocrines, however, has already developed what may be designated as a competitive point of view in the treatment of a large number of gynecologic conditions But psychotherapy in the handling of the latter has made comparatively little progress in the hands of gynccologists, and for several In the disorders of menstrual life, for example, it is not as simple in its application as the writing of a prescription for standardized medicinal products, even if their application is confirmed perhaps by biopsy studies Psychotherapy honestly employed requires special training, a detailed history of emotional and other less easily determined factors, prolonged and often numerous personal interviews, and the establishment of a personal relationship between patient and physician which is dependent upon the exercise of much tact and patience To those who would attempt to employ this approach to the treatment of what may prove finally to be emotional disturbances in women patients, there is recommended the careful and studied reading of the general principles of psychotherapy in the outstanding textbook of Drs Edward Weiss and O Spurgeon English Such reading should reveal to a physician whether he is competent to proceed with a case after he has determined whether he is dealing with a pathologic or an emotional disturbance The simpler cases may not require more than the exercise of judgment and assurance, but beyond this there is an element of danger and uncertainty

Speaking as a gynecologist, I fear that I may appear pessimistic in stating my views so bluntly, but I feel that progress will not develop until the

possible values of psychotherapy are more widely recognized and until its principles are more definitely presented and taught to our medical students

#### Summary and Conclusions

Within the limits of this presentation I have failed, undoubtedly, to include references to many topics that may well have been included, for there are numerous situations in gynecologic practice in which there exists a close relation between psychic and actual pathologic conditions It is the duty of the physician to ferret them out and to recognize the limitations of each form of therapy in so far as they lie within his ability to Unfortunately for a properly organized appreciation of the problem, the manner of approach is entirely different The gynecologist is accustomed to deal with anatomic abnormalities, his concepts of the nervous and emotional factors which may be involved have not been matured by previous education and training in either medical school or clinic. If we are to accept the theory that the mind can influence the progress of a disease process and likewise the opposite of this—and there is evidence to confirm it, of course with limitations—it will mean a revolution in the thinking of many doctors There is one phase of the problem of treatment as it pertains to women and that is the conflict in their minds between reason and emotion If a physician can strike the proper balance he may be successful in overcoming at least some of the evident and patent hurdles. But the fact remains that it is difficult to instill reason where elemental knowledge of anatomy and physiology frequently is missing and where prudery guides so much of what a woman is permitted to know Perhaps in the course of time a more rational attitude will prevail in sex education and in the preparations for motherhood If this can be accomplished there may be less of a conflict between reason and emotion

23 East 93rd Street

#### "BEDSIDE MANNERS" OF M D 'S

The art of talking as well as the art of healing is being taught Western Reserve University medical students this year for the first time. The school said that "the young physician should realize that the patient has a right to know what is happening to him with respect to his illness" The "how-to-speak-to-patients" course is given by Dr Bruno Gezhard

Dr Gezhard is director of the Cleveland Health Museum—NY Times, Aug 17, 1945

#### PUERPERAL INVERSION OF THE UTERUS

#### A Report of Three Cases

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A S HAS been so frequently stated, puorperal in version of the uterus is rare. Statistics concerning its incidence vary widely Figures often quoted range from 1 in 18,240 deliveries in Philadelphia to 1 in 23 137 deliveries in American hospitals and 1 in 27,992 deliveries in British hospitals.1 On the other hand, a hospital exclusively devoted to obstetrics would appear to encounter this abnormality more frequently, i.e., 1 in 7,837 delivenes at the Boston Lying-In Hospital, 2 and 1 in 4 337 deliveries at the Margaret Hague Maternity Hospital 2 Dr John A Sampson of Alhany states that he can remember only 2 cases in his experience. Harer and Sharkoy reported 21 collected cases from Phila delphia occurring during the period from 1931 to 1938 and later added 4 more cases ' Phaneuf reported 5 cases personally treated during a period of fifteen years. Cosgrove reported on 9 cases seen at the Margaret Hague Maternity Hospital, and DoLoo added his experience of 9 cases Other individual reports vary from single case reports to very few

The purpose of this report is to record 3 cases of puerperal inversion of the uterus seen by members of the staff of a single hospital within a period of slightly more than three months, 2 cases having

occurred within one month.

#### Case Reports

Case I — (Courtesy of Dr A. J Wallingford)
The patient was a 28-year-old white woman, para Blio was delivered after a full term pregnancy on October 10, 1044, at 2 30 PM in another hospital Following delivery of the baby the placents was delivered but the membranes "stuck to the uterus." On attempting to remove the membranes the uterus inverted and massive hemorrhago followed. The vaginal vault was packed and the patient was given 2 units of plasma. She was sent to the Albany Hospital by ambulance. On entry the pulse was 80 per minute, the temperature, 99 F and the blood pressure was 90/50 Tho hemoglobin was 8 5 Cm per 100 cc. and the rod cell count was 2 600 000

Four hours after delivery, at 0.30 PM, under general anesthesis, the vaginal packing was re-moved. The cervix was found to be widely dilated and the fundus of the uterus was noted in the vagina. By means of manual manipulation the uterus was replaced. Bloeding was not great. The patient received intravenous gincose during the procedure and a 500 cc transfusion at 0.45 r.m after the operation. The patient was discharged, well

on Octobor 27 1914

Case 2—(Courtery of Dr A. W Wright.) The patient, a 20-year-old white woman para I was delivered at another bespital of a normal healthy child at about 4 30 r.m on July 10 1944 The details of the actual delivery in the way of amount of labor placental delivery, and blood loss were not available

The patient went into a condition of shock and died about 10 30 PM. An autopsy was performed

soventy two hours after death.

The postmortem report of the genitalia was as follows "The entire pelvis was removed en masse After removal the vagina was incised on its anterior surface. It was found to be tremendously distended by about 200 to 300 cc. of clotted blood which, when removed, disclosed a large bulky mass which proved to be the endometrial surface of the uterus, which had become turned completely inside out. The endometrial surface was, in general, smooth, dark red, and bloody Over one large area, which was undoubtedly the site of the placental attachment the surface was rough, sharry, and irregular, with a considerable amount of clotted blood. The presence of the clotted blood on the endometrial surfaces as well as in the distended vagina indicated that considerable bleeding occurred from the site of the placental attachment and the adjoining endometrum. Since the fundus of the uterus was now inverted and actually projected well down into the vagina, having passed through the dilated external co, which was readily recognized, the supporting ligaments of the organ, as well as the overres and the Fallopian tubes, were drawn down into a deep de-pression which was present on the seroeal surface." (Figs. 1 and 2)

Case 5—(Courtesy of Dr E. P. McDonald)
A 39-year-old white housevife, para III, entered the
Albany Hospital on August 9, 1944, with a chief
complaint of severe postpartum bleeding. She had a spontaneous delivery on May 2, 1944, at another hospital On the fourth postpartum day she had a temperature of 104 F, and a diagnosis of endo-metritis of puerperal origin was made. Her response to sulfa therapy was unsatisfactory. She responded to pencillin. Her Jane menstrual period was normal. On August 1 1944 she started her second menstrual period, at which time she hied

considerably

This patient was originally referred to the Medical Service where the admission impression was "carcinoma of the cervix, secondary anemia, with a question of benign curvical growth and pyometria. A gynecologic consultation on August 10 1914 revealed inversion of the uterus and the presence of a submucous fibroid, more than three months after the delivery Following three transfusions the hemoglobin rose from 2.5 Cm. to 6 Gm per 100 ec., and the red cell count rose from 1 000 000 to 3,000,000 On August 14 1914 under general anesthous, the abdomen was opened, revealing the inverted uterus. The right tube and ovary were preserved. The specimen removed con sisted of a completely inverted uterus covered by a decoly congested, glistening, smooth endometrium. In the region of one of the cornun of the fundus was an irregular nodular structure of coarse granular tissuo covered by a continuation of the endo-metrium. Protruding from the dilated cervix was tho left fallopian tube with pale edematous fimbrise, and a soft fluctuant ovary with super-

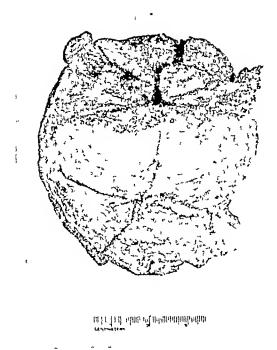


Fig 1 Specimen described in Case 2, tipped slightly anteriorly, illustrating the deep depression caused by the complete inversion of the uterus Projecting from this depression are the Fallopian tubes and overies



Fig 3 The completely inverted uterus described in Case 3, with the left tube and ovary projecting from the cervix. A submucous fibroid is

seen in the region of the left cornu

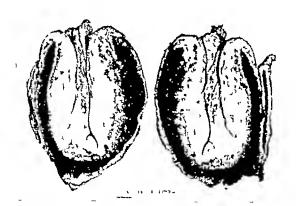


Fig 2 Specimen described in Case 2 after making a complete saggital incision. The uterus is seen turned completely inside out and projecting into the distended vagina.



Fig. 4 Saggital section of the inverted uterus described in Case 3

ficial hemorrhagic cysts (Figs 3 and 4) The patient was discharged in good condition on August 30, 1944.

#### Discussion

Case 1 is an example of the situation in which recognition of the condition was prompt, with conse-

quent initial treatment of the shock, control of the hemorrhage by vaginal packing, and manual replacement four hours later. In 9 cases reported by Cosgrove in which the diagnosis was immediately made there was one death from shock. In the scries reported by Harer and Sharkey, 13 were replaced immediately and there were two deaths. Burwig,

who reported 4 cases, and McLennan and McKelvey, who discussed 3 cases, advocated replacing the uterus one week to several weeks later

Case 2 is an unfortunate example of acute puerperal inversion, which may not be so rare as has been bolleved, in which the condition was not recog nized, the shock was not treated, the hemorrhage was not controlled, and the patient died six hours after delivery. Autopsy disclosed the cause of death.

Case 3 is an example of chronic inversion of the uterus which was not recognized for more than three months after delivery. The excessive bleeding from the uterus at the time of the expected mensitual flow and the resultant secondary anemia steered the patient initially toward medical treatment. Early gynecologic consultation rovealed the inverted uterus. Norton's roported in case treated acres treated seventy-eight days after delivery

#### Summery

Three cases of puerperal inversion of the uterus are reported and discussed. They were seen by members of the staff of a single hospital within a period of alightly more than three mouths, 2 cases having occurred within one month.

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#### INTRA-ABDOMINAL HERNIA WITH ACUTE INTESTINAL OBSTRUCTION

LEONARD K STALKER, M D, M S in Surgery, Rochester, New York

INTRA ABDOMINAL or internal hermas include all of those protrusions of the contents of the abdomen through intrapentoneal pouches or openings of congenital or traumatic origin. That the incidence of such hermas treated surgically is extremely low was shown in a review by Mayo Stalker, and Miller! We found only 39 instances of such a condition from 1910 to 1939 at the Mayo Clinic. The occurrence of this condition, although rare, is much greater than the figure would slow for the majority of intra-abdominal hernias exist without producing symptoms and are discovered only at postmortem examination.

The 39 hernias in this series were classified either anatomically or on the basis of an associated causative factor as 8 cases of hernis through the transverse mesocolon, following gastroenterostomy, 7 of paradocodmal hernia, 4 of mesonteric hernia, 7 of mardocodmal hernia, 4 of mesonteric hernia, 1 of matrotation of the colon, 3 of hernia through the hroad ligaments, 2 of retrocecal hernia, 1 of hernia through the foramen of Winalow, and 1 caused by fibrous bands. Twenty-five patients had symptoms referable to the hernia, but these were vague and not disgnostic. Twenty-three had some degree nf obstruction of the small intestine. In 20 instances the hernia developed subsequent to the perform ance of some surpical procedure

It is the purpose of this paper to report n case in which an internal hernia developed in the left hroad ligament following uterine suspension and in which case the presence of this hernia was manifested by the development of acute intestinal obstruction Masson and Atkinson<sup>a</sup> reviewed the subject of hernias into the hroad ligament in 1934 and found a total of 15 cases in the literature and added one case

of their own. In 8 instances the hernia was through the hroad ligament, in 6 it was between the layers of the broad ligament, and in 2 the type was unknown. At least 2 of the patients developed intestinal obstruction by hermation of the loop of bowel through an opening made in the hroad ligament durling the course of a Baldy Wabsier operation for retroversion. There had been no previous surgery in the majority, but no secondary embryologic explanation of the formation of the hernia was offered. It was felt that rupture of the peritoneum covering the hroad ligament during gestation or et the time of delivery probably accounts for most cases.

#### Case Report

A white woman, 33 years of age, had had an uterne suspension and appendectomy performed elsowhere approximataly nine months prior to admusion. Five days before her admission she consulted
har family physican because of a severe sore throat
She was given sulfethiaxole and in twenty-four
hours she developed nausea, vomiting, and cramplike lower addominal pans. She thought that the
medicane was producing this trouble and its use was
discontinued. The symptoms persisted and in
creased in severity for the next three days, at which
time I was asked to see the patient
The patient appeared critically ill and, in a toxic

The patient appeared critically ill and in a toxic condition. She had a marked acute follicular ton sullitis and was menstrusting. Her temperature was sullits and was menstrusting. Her temperature was sullits and the sum of the sum

hours previously had given considerable relief and was draining much muddy bile-stained fluid both pelvic and rectal examination I could feel a large distended loop of intestine in the cul de sac This was exquisitely tender to palpation A roentgenogram of the abdomen revealed gaseous distention of several loops of small intestine of acute intestinal obstruction, probably secondary to previous pelvic surgery, was made Operation The greater was performed under spinal anesthesia part of the small intestine was found to be dilated to two to three times its normal size. The uterus to two to three times its normal size had been previously suspended by attaching the round ligaments to the anterior abdominal wall after the method described by Olshausen A loop of terminal ileum was herniated through an aperture in the left broad ligament The hernial opening was located just below the junction of the round ligament and the uterus and above the tube and ovary very close to the site of attachment to the anterior abdominal wall The opening was approximately 3 cm in diameter The loop of strangulated ileum passed between the tube and the left round ligament from behind forward It was cyanotic but was still viable The hernia was easily reduced

In view of the patient's critical condition the minimal amount of surgery was advisable, and to prevent recurrence of the trouble, the uppermost portion of the hernial opening, which consisted chiefly of round ligament, was divided between ligatures. With the addition of supportive measures —penicilin, blood transfusions, Wangensteen continuous suction, and intravenous fluids—the patient made an uneventful convalescence and was dismissed from the hospital on her fourteenth post-

operative day

#### Comment

Following an operation for retroversion, some error in technic may occasionally be the cause of the formation of a potential internal hernia This type of herma has occurred most frequently following performance of the Baldy-Webster type of operation, during which suturing of the broad ligament to the round ligament at the points of perforation of the broad ligament was either overlooked or had secon-

darily broken down It is reasonable to assume that the hernia in this case was the direct result of the previous Olshausen uterine suspension rent in the broad ligament, produced when the round ligament was attached to the abdominal wall, might easily have been overlooked, or, on the other hand, subsequent tension may have produced a rupture of the broad ligament It is significant to note that at the point of herniation the broad ligament is very thin, there being practically no supporting tissue between the two folds of peritoneum and consequently a poor blood supply Herniation of this type can be prevented in many cases if all points of perforation in the broad ligament are closed at the The condition can be suspected time of operation when the symptoms of acute intestinal obstruction develop in a patient following performance of operative suspension for fixation of the uterus

The treatment of such a case is obviously surgical, and as soon as the diagnosis of obstruction is made the abdomen should be explored, the obstruction relieved, and the necessary procedures taken to prevent recurrence of the obstruction. In this case, the most conservative procedure possible under the existing circumstances was employed, namely, the round ligament which forms the upper portion of the hermal ring was divided between ligatures rally, some of the uterine support was destroyed by this procedure, but the critical condition of the pa-

tient made such treatment necessary

#### Summary

Discussion of a few of the problems associated with intra-abdominal hernias has been made. A case in which acute intestinal obstruction occurred subsequent to hermation of the ileum through the left broad ligament is reported

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#### MEDICAL BOOKS NEEDED IN ITALY

The Medical and Surgical Relief Committee of America has received an appeal for medical books from Dr Severinghaus, a member of the Medical Nutrition Mission in Italy The Mission has been set up in a hospital called the Polychnica which is part of the University of Naples The books are for the use of the Mission Later it is intended to donate them to the Pediatrie Clinic library

The list of books requested is as follows

1 R P Strong Stitt's Diagnosis, Prevention, and Treatment of Tropical Diseases—Seventh edi-Two volumes, Blakiston tion

Conant, Martin, et al Manual of Chincal

Mycology, Saunders 3 Saxl Pediatr Pediatric Dietetics, 1937, Lea and Febiger

4 Brennerman's Loose Leaf Pediatrics, Nelson, four volumes

Best and Taylor Physiological Basis of Medi-

cal Practice, Williams and Wilkins
6 McLester Clinical Nutrition and Dieto-

therapy, Saunders
7 Miller Oral Diagnosis, Blakiston
8 Peters and Van Slyke Quantitative Clinical
Chemistry, Williams and Wilkins Two volumes

As a result of the war and German occupation, the European scientific world is at a tremendous disadvantage, not only because such an appallingly large amount of equipment has been destroyed or stolen, but also because it has been impossible for professional men to continue their normal pursuits of research, teaching, writing, or studying Progress in any direction has been impossible Therefore, what-Progress in ever Americans can do to help scientific knowledge in France, Italy, and other countries to reach and keep abreast of the level attained in the United States will be of mestimable value. It is for these reasons that an appeal is being made to American physicians

#### CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports slightly edited of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors. The next report will appear in the December 1 issue and will concern "The Surgical Treatment of Hypertension.

#### The Treatment of Some Tropical Diseases

DR HARRY GOLD Dr Almy will open the discussion of the treatment of some of the more

important tropical diseases

DR THOMAS ALMY Since tropical medicine is a field of great interest to the armed forces, it is intural that the recent advances in this field should be largely along military lines. It is to be expected, then, that they would have to do mainly with the prevention, and in particular with the control of the transmission of parasitic diseases common to the tropics. It is also to be expected that the most important of these would be withheld from the general public and even from the medical profession, so we cannot hope to be completely up to date today.

I should like first to bring up to date those matters pertaining to diagnosis and treatment of the more common tropical diseases which we are likely to encounter among travelors returning

to this part of the world

Clearly, the first and the most important of these is malaria. This will be common, not alone because the incubation period of this disease is such that it may be acquired in India, in West Africa, or in South America and yet the clinical course may begin in New York City, but also because it is a relapsing disease, and we are already seeing the eighth and minth relapses of malaria in people discharged from the Army and wandering into our emergency paython

Naturally, the consideration of this diagnosis whenever in individual, who has recently been in a malarious district, complains of fever I should like to emphasize that that symptom, in a person recently in the tropics, is all that is necessary for one to be profoundly sus-

picious of this diagnosis

Nuturally, we will not expect, in the first twenty four or forty-eight hours of the disease, when the diagnosis should be made, that there will already be a pattern of intermittent fever, or an anemia, or splenomegaly, which are the clinical cuterns given in the textbooks. The diagnosis must therefore be made on the basis of a blood

smear, and it behooves us to know when to take it and bow to take it

If n patient is already having paroxysms of fever at forty-eight hour intervals, most of us would take a blood smear during the chill. This is precisely the time when n blood smear should not be taken, because it is during this period that the parasites will be outside of the red cells and relntively difficult to find on examination of the smear. It is during the fever free interval, at any time except from two hours before the expected ohill until six hours afterwards, that the parasites will be found.

Then it is important that we have a method which will enable us to find small numbers of malarial parasites The ordinary Wright-stained blood smear will reveal parasitemia if the infection is heavy, but not when it is light should, therefore, be acquainted with some technic for preparation of a thick smear Most of these technics are long enough and complicated enough to discourage us from using them on the sporadio cases which we are likely to encounter in this part of the world, but a rapid and simple technic for the preparation of thick smears has been described by J W Field, in the Transactions of the Royal Society of Tropical Medicins and Hygrene for August, 1940 This is also described in the Bulletin of the U.S Army Medical Department for July, 1943 A thick smear about the size of a dime and thin enough so that newsprint can be read through it is mounted on the end of the elide It is dipped twice in methylene hlue. washed off gently in tap water, dipped twice in eosin, and washed off in tap water. It is allowed to dry and examined under the microscope This type of procedure is essential for the early diagnosis of malaria hy blood smears

It should be pointed out, however, that the nbeence of malarial parasites, even from two or three smears, may be compatible with a serious condition of the patient. It may indicate that phase of falciparum malaria in which the patient

is dangerously ill

After the diagnosis is made, I would recommend that, in the average case, treatment proceed according to the lines laid down by the Surgeon General of the Army one year ago, that is, to give atabrine, 02 Gm by mouth every six hours for After twenty-four hours 1 Gm of atabrine will have been given, and this is followed by 0.1 Gm three times a day for six days Serious gastric irritation may result if this drug is given alone on an empty stomach, so each dose of 02 Gm should be preceded by a glass of fruit juice or milk, and accompanied by about 1 Gm of sodium bicarbonate For the same reason, the 01 Gm doses should be given after meals, but the bicarbonate may then be omitted standard method of oral therapy cannot be employed if the patient is comatose, vomiting, or Therapy is then begun by the dangerously ill parenteral route In these cases it is recommended that atabrine be given in doses of 0.2 Gm in the muscles of each buttock (total dose 0 4 Gm) and that this dose be repeated at intervals of six to eight hours during the first twenty-four hours This, of course, will no longer be necessary when the patient can take oral medication and proceed with the standard atabrine treatment

Occasionally there is an even more serious emergency, in which cerebral malaria is developing, and then it is advisable that quinine be administered by vein Quinine dihydrocliloride is given in doses of 06 Gm to 10 Gm intravenously, diluted in 200 to 500 cc of physiologic saline and delivered as an infusion over a period of at least one hour The rate of administration is extremely important, and should be determined by the intensity of the symptoms of cinchonism which develop in all of these patients, and by the pulse and the blood pressure A sudden fall of the blood pressure or sudden rise of pulse should be a signal to halt the infusion It should be pointed out that in published studies the highest rate of relapse with any form of treatment of malaria is with atabrine alone

It has been said that the administration of plasmochin in doses well within the accepted maxima is worth the amount of toxic reaction which they cause, in that they have been known to reduce considerably the frequency of relapses This is a matter of debate at the present time

If relapses occur it is advised that they be treated exactly as an initial attack In particular, the patient should be cautioned not to fall into the trap of taking quinine or atabrine just long enough to rid himself of fever and uncomfortable symptoms It seems probable that that type of procedure increases the chance that malaria will relapse, in that it suppresses the immune responses of the body

The second important problem which we are

having in patients returning from the tropics is diarrhea or dysentery, and this in fully threequarters of the cases in tropical practice is the result of bacillary dysentery, or shigellosis. In about 15 to 20 per cent it is due to Endamoeba lustolytica Except in severe cases, there is no reliable way of differentiating these entities other than by laboratory tests Therefore, any patient with diarrhea or dysentery should be examined for both of these parasites. In the case of the Shigella this is done by stool culture or preferably by what we designate as the rectal culture tube, first described by Hardy and Watt in 1942 This culture tube is prepared with a swab encased m a short length of rubber tubing. It is coated with lubricating jelly and inserted two inches into the rectum, whereupon the rubber tube is withdrawn, exposing the swab rotating motion the inside of the rectum is swabbed and the swab withdrawn It is plated in the laboratory, preferably within ten or fifteen minutes from the time that it is taken. By this method Hardy and Watt and others of the US Public Health Service have gotten a much higher percentage of positive results than by the examination of stool cultures If one or two stool cultures are negative, it would be wise to examine the patient for amebae There has been no recent change in these methods of examination of the stools for amebae I would merely like to point out that statistical studies have shown that one direct microscopic examination of the stool reveals only 10 to 30 per cent of cases of amebiasis It takes at least three examinations of ordinary stool specimens, plus a proctoscopy, plus a warm stool examination, to diagnose 80 to 90 per cent of the cases

If the dysentery or diarrhea is evidently due to a Shigella organism, the patient is treated with a sulfonamide It can be any sulfonamide, but we think sulfadiazine preferable. The extensive use of sulfaguanidine and succinylsulfathiazole by the armed forces in the tropics is probably based on the fact that these do not result in high blood levels, and have a very low renal toxicity in the face of the abnormally low urmary volumes which are common among troops in the tropics But in the temperate zone, and elsewhere when we can maintain adequate urmary volume, an ordinary course of sulfadiazine such as one would

give for pneumonia is indicated

The treatment of amebiasis has not changed much in the last year The growing impressiveness of the results of therapy with diodoquin should be emphasized It is now recommended that any patient with amebiasis should receive a full course of diodoquin of 3 tablets (0 63 Gm) three times a day for twenty days If the patient has ever had blood in his stools as the result of

amebiasis, if he has had more than one distinct attack of diarrhea, or if the single attack now continuing has lasted two months or more, he should receive, in addition, emetine. This should be given for five days concomitant with the first five days of the course of diodoquin. It is important not to exceed 1 mg per kg, or a total of 60 mg of emetine per day

The other problems that we are likely to encounter are going to be relatively infrequent, are going to see a lot of intestinal worms hookworm, Ascaris, Trichocephalus, etc., but we will usually encounter them in subclinical densities. I would like merely to emphasize Dr Smillie's ctatement that if it is necessary to concentrate the stool to find hookworm eggs it is not a significant infection

oc a aignificate infection

A number of servicemen are returning to this area with filarnasis. In them the diagnosis has been made for the most part only by the typical syndrome of fever and inguinal lymphadenits. The only promising laboratory procedure for diagnosis in such cases is a skin test done with an antigen extracted from the heartworm of the dog, the Dirofilaria immitis. This has been positive, in a recently recorded series, in some 90 per cent of the cases.

The treatment of this condition has recently been advanced, we think, by the work of Dr Harold W Brown with a substance called anthiomaline. This is lithium antimony thiomalate. It is given intramuscularly in doess which cause a certain and considerable frequency of toxic This substance has been the first to reduce for long periods the count of microfilaria in peripheral blood in heavily infected natives of the Virgin Islands. There have been many antimony compounds before this that have temporarily reduced the microfilaria count, that is, for a period of two to three weeks, but with anthomaline, after a aix months' follow-up, the latest we have heard about, there has been a continued effect of this drug, and it seems likely that the adult worms have been affected for the first time

I would like, before I get through, to hring to your attention an article in Clinics for December, 1943, by Dr Harry Moet, which I regard as the best recent reference on the subject of intestinal helminths and other worms, and their treatment.

Then, an important article on falciparum malaria was published in the January 8, 1944, issue of the Journal of the American Medical Association, by Dr. Harry Most and Dr. Henry Meleney, pointing out the clinical features of falciparum malaria.

DR. Gold This subject is now open for discussion Are there any questions?

Dr. C H. Wherler I am a hit confused about the problem of atabrine versus quinine.

I gathered from a recent report in the Journal of the American Medical Association that atalirine was superior in every way to quinine, yet one constantly hears a statement like the one which you just made—if the atabine does not work, then use quinine, if they relapse then use quinine, and so on

DR. ALMY You can be sure that the publicity and the statements about atabrine are dictated in part hy necessity. Great efforts have been made to discourage the routine use of quinine for the reason that it is scarce. Besides, atabrine is entirely satisfactory for the treatment of the acute attack. Until a couple of years ago it was thought that atahrino had a much clower effect on the fever and other symptoms and on the parasitemia when given to a patient with malaria initially, hut now that the heavy initial dose, I Gm in the first twenty-four hours, has been established, the effect has proved to be just as rapid as that of the ordinary doses of quinine.

Dr. Weeeler Are there any situations in which atabrine is actually superior to quinine?

Dr. Alary I don't know of any in which it is clearly superior. In many studies on therapy there have been elight quantitative differences, and there have been some reports that atabrine is actually effective in preventing the development of feleparum malaria in large bodies of troops, which I believe cannot be done nearly as well with quinne

INTERN What is the incidence of myocarditis with emetine and when would you expect to find it?

Dr. Alait I do not know that it occurs, that is, clinical myocarditis. However, work done at Vanderhilt a year or two ago indicates that there is a very high incidence of minor electrocardiographic changes, even with the recognized doses of emetine.

DR. JANET TRAVELL Can the schedule you outlined be given to ambulatory patients?

Dr. Aller I don't think it should be If emetine is given the patient should be hrought into the hospital That is certainly not the practice in the tropics They usually come in for emetine and go home, but it is better for the patient to be in the hospital

Dr. Gold In a patient with amebrasis who never had symptoms you would not use emetine?

DR. ALMY By no means

Dn. Gold You would use diodoquin?

DR. ALMY Yes.

Dr. Gold You would not use carbarsone?

DR Amay That is not so widely used at present. I believe it is the general opinion that it is more toxic than any of the iodine compounds and that if one uses emetine when the disease is severe the combination of diodoquin and emetine

is even more effective than the carbarsone and less toxic

STUDENT What is the standing of thiobismol in the treatment of malaria?

DR ALMY In the naturally occurring case it has little application. Its precise effect is to kill half-grown trophozoites, so there is a time in the course of some cases of therapeutic malaria when it would be advisable to knock out one generation of trophozoites, or perhaps to hasten the end of fever by knocking out the half-grown organisms which are unlikely to be affected by atabrine Under those circumstances it is indicated and useful

DR McKeen CATTELL What is the purpose of sodium bicarbonate given with atabrine?

DR ALMY Empirically, it seems to allay the gastric irritation

DR CATTELL Is it given at the same time?

Dr Almy Yes

DR WHEELER Dr Gold, I would like to ask you whether any untoward cardiac effects are to be expected from the intravenous administration of quinine in the amounts used in the urgent treatment of malaria

DR GOLD The system of treatment in which patients receive 0 6 to 1 Gm of quinine hydrochloride in a pint of fluid, injected over a period of an hour, is not likely to injure the heart. The cardiac acceleration which is often seen under those conditions is due to vagal blocking. If the person is unduly sensitive to quinine, prolongation of intraventricular conduction may result from direct action on the heart muscle. After large doses in animals, the heart develops ventricular tachycardia and ventricular fibrillation, but I doubt that such effects can be obtained with the small doses here recommended

DR WHEELER Are there important qualitative differences between the effects of quinidine and quinine on the heart?

DR GOLD I don't believe there are any qualitative differences From the quantitative standpoint, Lewis and his coworkers stated that quinidine is five to ten times as potent as quinine That doesn't accord with exon the heart perience, which indicates that the difference in dosage for the same effect is not great for the two Their inference is incorrect, for they did not establish the dosage-response curve When a dose of quinidine slowed the fibrillating rate of the auricles five times as much as a similar dose of quinine, they deduced that one was five times as powerful as the other That isn't sound, for in the steep part of a dosage-response curve, a 10 per cent increase in dose could cause a tenfold increase in effect

I would like to ask Dr Almy a question How does the matter of the cure of malaria stand at

the present time? Do we, in the light of the present knowledge, cure malaria with anything we use?

Dr. Almy One dose of quinine or atabrine has been known to terminate one of our therapeutic malaria cases, and such patients have not suffered To extend that, let me say that we have studied about 200 cases of therapeutic malaria, injected intravenously with malarial blood, treated them with quinine or atabrine, and have had no relapses, which is not seen with naturally inoculated malaria Falciparum malama, mosquito-inoculated is noted for its low rate of relapse, even when it terminates spontane-It seems likely that with the ordinary therapeutic procedures that disease is actually exterminated from the patient Vivax and malariae malaria probably never completely die out, although it would be impossible to be sure

The most interesting evidence to me is that we have had a number of cases of malaria acquired by transfusion coming to light in New York City in the last year or two. The last possible exposure of the donor to malaria in those instances has been in each case more than twenty-five years ago, and the last clinical malarial episode in each of those individuals was nearly as long ago.

DR GOLD You think that malaria in some forms may very well be cured?

DR ALMY If it is the malignant tertian (falciparum) variety it may be

STUDENT Have there ever been observed effects such as blackwater fever or other hypersensitive manifestations attributed to atabrine?

DR ALMY No Certainly not blackwater fever The toxic manifestations of atabrine have been for the most part infrequent, if you will except gastric irritation, nausea or vomiting, even under conditions as described, may occur after atabrine in 1 to 6 per cent of individuals. It has been thought that in rare instances various forms of acute psychoses can be attributed to atabrine The cause has not been proved in any instance, and the number recorded is small. A great many individuals are disturbed by the yellow coloration of the skin and mucous membranes, which is atabrine itself and not jaundice

STUDENT What is the present status of the diphenyl sulfones in the treatment of malaria?

DR ALMY Those have not been extensively tried, to my knowledge, and certainly have had very little published about them. They are not recommended for general use. If the ordinary antimalarial drugs are not available, it is advised in an emergency to use sulfadiazine, which has a limited effect.

INTERN Is tartar emetic still being used intravenously to stop relapses? It was used but the results were not good

Dr. ALMY It has been ahandoned

Dr. Wheelen There was a time when araphenamne administration was advised in the treatment of malaria. Are there any circumstances in which that should be used?

DR. ALAST If you don't have ntabrine, quanine, or sulfadiazine, the next thing to use is necessive parameter.

Dr. Gold Plasmochin was put in the last edition of the Pharmacopoeia and has just been dropped. Is that what should have been done?

Dr. Alary My experience with it is limited to about a dozen cases. The only recorded experience I have been able to find with a good deal of delving in our bbrary is to the effect that plasmochin definitely reduced the relapse rate after treatment with atahrine. I have heard of a good deal of unpublished experience to the contrary, i.e., that it does not reduce the relapse rete, but I have not seen the data on which these conclusions are based.

INTERN How real is the danger of tode effects from using one of those immediately or soon after the other to obtain the effect of both

together?

Dr. Almy The advice from all quarters is never to use atabrase and plasmochia together. Much to our horror, in some parts of the world a tablet is available containing both drugs, but they are present in very small amounts and toxicity is probably avoided in that manner. There seems to be no unusual hazard from the administration of plasmochian the day after atahrine is terminated.

DR. JOHN E DETERICK I saw one man who took both smultaneously He was pretty well dehydrated When we saw him here he had not taken anything hy mouth and he was jaundleed with an interic index well over 20 He was definitely jaundleed and not just stained from the atabrine The atabrine pigment is in the skin

DR. ALAST That is right.

DR. DETRICK This chap was advised to take both drugs to get over the malaria. He had the history of having done it once before and it had made him ill

DR. Amer That is typical advice in certain

parts of the world

Dr. Cattell. As things stand at the present time, the relapse rate seems to be a most important consideration in relation to the efficacy of these various compounds. How can we get some notion of the relative permanence of the treatments?

DR. ALMY Work has been done in two directions, Dr Cattell A great deal has been done on the complement-fixation reaction in malarla, including that of Dr Michael Herdelberger in New York City The procedure has been simplified and it has been tried out extensively. There is some promise of its value in indicating when the patient is through relapsing, but it does not appear to have value as a routine diagnostic measure. Then a number of workers in England and China have found the malarial parasite in the sternal bone marrow when absent from peripheral blood. Both of these methods are being investigated.

DR. DETTRICK There is n point which might be raised with reference to Dr. Heldelberger's work. After the war, when drawing hlood for transfusion it will be difficult to decide from whom to take the hlood because, as Dr. Almy said, blood taken even twenty years after an attack of malaria may transmit the disease. I think Dr. Heldelberger hoped that it might be possible to avoid this danger by excluding subjects with a positive complement-fixation reaction.

DR. WHEELER Why is it that therapeutic malaria should be so easy to terminate and the bits of the mosquito should produce malaria which is entirely different in its behavior?

DR. ALARY There is an interesting theoretic basis for that Therapeutic malaria is produced by an injection of trophozoites. It is thought that these parasites enter directly into the crythrocytes and multiply largely in the circulating blood. They presumably never or almost never invade the trasues, and it is known to be much easier to clear the blood of malarial parasites than to kill parasites in the tissues. Naturally contracted malaria is thought always to pass through a cycle in the tissues before entering the droulatine blood.

DR. CATTELL Does moculated malaria ever go through a stage in which there is tissue invasion?

Dr. Almy. The answer to that question depends on which theory you hold regarding the maturation of malarial parasites. It seems to me that our experience here with 200 cases without a relapse would be as good evidence as any indicating that the tissues are not involved.

Dr. CATTELL What would happen to those cases that receive no treatment?

Dr. ALMY Very likely they would terminate spontaneously and never have a relapse

Dr. Derraicx Can the therapoutically induced malaria be transmitted by the mosquito? I have never seen a good, clear-cut experiment on that.

I think Dr Moore said in his textbook that it was not necessary to screen the patients who had malaria inoculata. Are there any reports of the transmission of inoculated malaria by mosquites?

Dr. ALMY I do not know of any

STUDENT What is the prophylactic drug of choice?

DR ALMY First let me say that except for falciparum malaria, in which the evidence is growing that you can prevent the disease by atabrine, there is no effective prophylactic drug We use the term "suppressive treatment," which means that during the time a patient is taking the drug he will in all probability not show clinical evidence of malaria, although he may be infected The drug of choice for suppression at present is atabrine Whether it will be the drug of choice after we get Java back I don't know. Quimne was an effective drug for suppressive treatment prior to the war

DR GOLD Are there any other tropical diseases which can be prevented by the prophylactic use of any drug?

DR ALMY I don't know how clear cut the experience is in this field. Dr Gold, but for some time Bayer 205 has been used in the prevention of trypanosomiasis among people traveling in Africa The results, at least on the clinical level, have been quite satisfactory Whether their tissues actually are never invaded by trypanosomes I do not know, but they do not develop sleeping sickness

Dr Gold How about persons traveling in areas known to be infested with Endameba histolytica taking diodoquin daily for its prevention?

Dr Almy That was suggested by Colonel Craig some time ago, but I do not know of any It seems a logical procedure reports on it

DR WHEELER Have not some of the insecticides reached the degree of perfection where they are almost universally effective in prevention?

DR ALMY I was thinking merely of chemoprophylaxis Of course, the insecticides are the real news in the field of tropical medicine

STUDENT Do all the soldiers returning from areas in which malana is prevalent routinely receive the course of atabrine which you described?

DR ALMY No Most of these men will have received suppressive treatment during the entire period of their service in the tropics. At varying intervals after they return from an endemic area they are taken off suppressive treatment, and a considerable proportion of those from the worst areas develop clinical malaria. Then they may be treated with atabrine just as if they never had it previously

STUDENT Could you not avoid that by continuing prophylactic treatment?

DR ALMY Yes, that is possible, but you would be treating people indefinitely

VISITOR What are the chances of malaria being introduced by Anopheles mosquitoes into areas of the United States where it has not existed before?

Dr Almy It seems likely

VISITOR Have there been any cases reported of men coming back from overseas to areas where Anopheles is present and malaria has been transmitted to others in the community?

DR. ALMY I have not seen any reports that were clearly traceable to people back from the tropics The fact that it can occur in far northern latitudes in the summer was suggested not long ago by an outbreak of falciparum malaria near Camden, New Jersey, undoubtedly seeded by an individual returned from the tropics, although the source was not found

STUDENT What is malaria inoculata? Which form is that?

DR ALMY, Strictly speaking, I think that should refer to malaria induced for therapeutic purposes by the injection of malarial blood In other words, it implies the use of malarial blood rather than of the mosquito

STUDENT Can it be either vivax or malariae? DR ALMY You can use any species you wish In Florida, where there are many people who have had the other kinds, they even use falu-

DR GOLD Does the experience with lithium antimony thiomalate in the treatment of filariasis apply to some of the other parasites for which antimony has been used in the past? I was wondering whether we shall now scuttle fuadin, antimony thioglycollamide, and antimony sodium thioglycollate

DR ALMY I don't believe so The only other disease that I know it has been tried on is the blinding filarial disease, the onchocerciasis of Central America, and the results of that are not known as yet

STUDENT I would like to know the frequency of hypersensitivity reactions from anthomaline used in filariasis, from the products of degeneration of the worms being thrown into the blood

DR ALMY I believe that in Dr Brown's experience that has almost never occurred

DR GOLD We have time for perhaps one more question This is a very large subject

STUDENT Would it be worth while to discuss

the toxicity of antimony and bismuth?

DR ALMY I am not very familiar with the toric reactions, but they were thoroughly discussed by Dr Brown in his article on filariasis in the Journal of the American Medical Association about a year ago

#### Summary

CATTELL The two most important Dπ problems which may be encountered in patients

[Continued on page 2316]



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#### [Continued from page 2314]

recently returned from the tropics are malaria Reliable procedures for the and dysentery specific diagnosis of these conditions have been outlined, recognized methods of treatment have been presented, and practical points regarding their management have been discussed in detail

In suspected malaria a definite diagnosis is made by the finding of the parasites in the red blood cells For this purpose a thick blood smear is prepared during the fever-free interval cause of its greater availability, at the present time quinactine (atabrine) is generally employed in the treatment of all types of malaria. In the average case 0 2 Gm is given by mouth every six hours for five doses, followed by 01 Gm three times a day for six days To minimize gastric irritation quinacrine is administered after meals, and in the case of the 0.2 Gm dose it should be given with 1 Gm of bicarbonate Except for falciparum and therapeutic malaria, which may be permanently cured, the procedures described are to be regarded as suppressive treatment, and relapses are to be expected when therapy is discontinued

As yet there has been no clear-cut demonstra-

tion of the superiority of quinacrine over quinine Other agents occasionally used in malaria, in the order of their effectiveness, are sulfadiazine and Thiobismol is useful in killing neoarsphenamine the half-grown trophozoites of inoculation malaria

In treating dysentery a specific diagnosis by demonstration of the parasite is essential, since the causative organism may be Shigella (about 75 per cent of cases contracted in the tropics) or Endamoeba histolytica (15 to 20 per cent)

If the dysentery is due to organisms of the Shigella group the patient is treated with one of the sulfonamides, preferably sulfadiazine Provided an adequate urinary volume can be maintained, sulfathiazole is preferred to succinyl sulfathiazole or sulfaguanidine

It is now recommended that patients with amebiasis receive diodoquin, 0 63 Gm three times a day for twenty days This treatment has superseded emetine and carbarsone However, in recurrent or long-continuing attacks of diarrhea due to amebiasis, emetine, not to exceed 60 mg per day, is given concomitantly with the first five days of the course of diodoguin tient should preferably be treated in a hospital

#### SEARCH URGED FOR EFFECTIVE DRUGS IN ELECTRIC-SHOCK TREATMENT

In treatment of electric shock, there is no known substance which immediately will revive the victim's breathing or aid his circulation. Cecil K Drinker, M.D., Boston, reviews in the July 30 issue of the Journal of the American Medical Association the drugs which are known to stimulate breathing He lists what they do and where they fail All can be given by injection into a vein or under the skin

Strychnine sulfate is a drug which exerts a stimulating action on the spinal cord, on the upper part of the spinal cord known as the medulia, and on the brain. The medulia is that part of the nervous system which controls the respiration and circula-

Dr Drinker states that "the fact is that all medical men have so wholesome a respect for strychnine as a poison that such injections as are frequently given are so small as to be both in-effectual and harmless"

Picrotovin also is a strong stimulant to the nervous system, particularly the lower brain and medulla, where respiration originates When enough of this drug has been injected to stimulate breathing, convulsions result

Metrazol, a drug related to camphor, has had extensive use in the treatment of certain types of insanity, since it produces convulsions. This means that it is a strong stimulant of the nervous system, but, Dr Drinker warns, "it has no conspicuous effect on breathing and has no value in respiratory failure from electric shock "

Nikethamide is a relatively new drug and has some promise as a stimulant of a depressed breathing center "This value is, however," the author states, "very uncertain, and nothing so far claimed for it makes the compound worth serious consideration in electric-shock therapy "

Caffeine and sodium benzoate is a compound which, even in enormous dosage, does not seem to have seriously harmful effects. There is no doubt of the general stimulating effect of caffeine on the central nervous system, including the breathing center, and Dr. Drinker believes that "an intravention of the contraction of th ous injection of caffeine and sodium benzoate is not out of place in any sort of respiratory depression, but the injection must be made directly into the blood by vein and not a simple hypodermic (under the skin), since prompt action is imperative

Dr Drinker points out that the most artificial respiration can accomplish is to substitute artificial breathing for absent natural breathing "I believe," he says, "more than this could be done in the direction of finding some direct aid to the respiratory "I believe," center and that in such a direction we shall see our greatest advances in the resuscitation of the most serious electric accidents"

# ON STUDY INDICATES THE

THAT the availability and utilization of iron contained in a

CATHORETEE

effects on h rocytes of anemic rate. At left, spi and homogenized; at right, sphere

strained vegetable should become practically 100% greater as a result of homogenization is a noteworthy revelation

This marked difference was demonstrated in laboratory atudies of the effects of feeding "merely strained" spinsch and "strained and homogenized" apinach to groups of anemic rats. The graph illustrates the response in erythrocyte count and hemoglobin level-twice as great a response in the group fed "strained and homogenized" apinach a Libby product

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2 Libby a Homogenized Baby Foods may be fed as early as in the second month providing essential nutrients like from before prenatal stores are exhausted The smoother texture of these foods enables them, when added

to the milk formula to flow freely through normal nipple openings.



LIVER SUUP VIOITABLE SOUP



# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Bachr, M D, and Charles D Post, M D

#### Syracuse University Holds Cancer Program

MEMBERS of the medical societies of the countries of Onondaga, Jefferson, Cayuga, Cortland, Madison, Oneida, and Oswego attended a cancer teaching day on October 25 at the Syracuse University College of Medicine The program was sponsored by these societies in cooperation with tho Central New York X-Ray Society, the Medical Society of the State of New York, and the New York State Department of Health, Division of Cancer Control

The meeting was called to order at 2 30 PM by Dr Herman G Weiskotten, dean of the Syracuse Dr Herman G Weiskotten, dean of the Syracuse University College of Medicine, who gave the welcoming address The lectures at this session were given by Dr Clyde L Randall, professor of gynecology, University of Buffalo School of Medicine, and Dr Cushman D Haagensen, professor of surgery, College of Physicians and Surgeons, Columbia University Dr Randall's subject was "Trends in the Treatment of Gynecological Malignancies," and Dr Haagensen spoke on "Carcinoma of the Breast" Dr P K Menzies, president of the Onondaga County Medical Society, was chairman of this meet-

At the evening session held at the Hotel Syracuse, following dinner there at 6 30 PM, Dr Andrew H Dowdy, associate professor of radiology, University of Rochester School of Medicine and Dentistry, gave a lecture on the subject, "Epithelioma of the Skin"

The second talk was "Roentgen Therapy of Cancer," given by Dr Maurice Lenz, professor of climeal radiology, College of Physicians and Surgeons, Columbia University

Dr Lucas S Henry, president of the Central New York X-Ray Society, was chairman of the

evening mecting The local committee on arrangements for the teaching day included Dr Orren D Chapman, chairman of the Public Health Committee, Dr J. Howard Ferguson, chairman of the Cancer Committee, and Drs James G Derr, Lawrence W Ehegartner, Lu-ers S Henry, George S Reed, and Frederick S Wetherell

#### Management of Diabetes

"THE Management of Diabetes with the Newer Forms of Insulin" was discussed by Dr Maynard E Holmes, professor of clinical medicine, Syracuse University College of Medicine, at a meeting of the Broome County Medical Society, Tuesday evening at 8 00 PM, October 9, in the auditorium of the Binghamton City Hospital

Dr Maynard's instruction was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York

#### Clinical Cancer Day at Oneonta

A CLINICAL cancer teaching day was held in Oneonta on October 3 at the Homer Folks Tuberculosis Hospital under the auspices of the Medical Society of the County of Otsego, the Sixth District Branch of the Medical Society of the State of New York, the Medical Society of the State of New York, and the Division of Cancer Control of the New York State Department of Health.

A clinical demonstration and discussion of caucer patients by Drs William A Milner, Fred W Stewart, Norman Treves, and Gray H Twombly, speakers on the latter part of the program, took place from 2 00 to 4 00 PM The platform discussions. sions after the opening remarks of Dr Paul Van Haeseler, president of the Medical Society of the

County of Otsego, were under the chairmanship of Dr LeRoy S House

"Ovarian Carcinoma" was Dr Twombly's topic He is assistant surgeon at Memorial Hospital, New York City Dr Treves, associate surgeon at the same hospital, spoke on "Cancer of the Breast"
Following dinner, there were two more talks "Careinoma of the Bladder," by Dr William A Milner associate professor of unclease. Albany Medi-

Milner, associate professor of urology, Albany Medical College, and "Biopsy in Tumors," by Dr Fred W Stewart, pathologist, Memorial Hospital, New York City

The local committee on arrangements included Drs John R. Clarke, John M. Constantine, Richard

Kegel, and Charles H Peckham

#### Dr Arnold Discusses Penicillin

D.R. R. C. ARNOLD, surgeon in the United States Public Health Service at the Venereal Disease Research Laboratory of the United States Marine Hospital on Staten Island, spoke at a meeting of the Sullivan County Medical Society, at 8 30 PM on

October 10 at the Lenape Hotel, Liberty sented by the Medical Society of the State of New York in ecoperation with the New York State Department of Health, Dr Arnold discussed penicilin



# Take Advantage

THERAPY

Vitamin B holds a well-recognized place in the treatment of alcoholism. Alcoholic polyneuropathy is said by Jolliffe' to be unquestionably due to vitamin B<sub>1</sub> deficiency. Romano<sup>2</sup> states that both vitamins B<sub>1</sub> and B<sub>2</sub> have definite value in this condition. It is also believed that the addition of nicotinamide hastens recovery of the patient. (Spies, Sydenstricker, Jolliffe)

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## Medicolegal

#### WILLIAM F MARTIN, Esq. Counsel to the Medical Society of the State of New York

#### The Statute Regarding Confidential Communications

INQUIRIES are received frequently as to the source of the law relating to the confidential relationship existing between physician and patient We, therefore, publish in toto the section of the Civil Practice Act containing the provision prohibiting the disclosure of information obtained by a physician in attending a patient and which was necessary to enable him to act in that capacity

Sec. 352 Physicians, dentists, and nurses not to disclose professional information. A person duly authorized to practice physic or surgery, or dentistry, or a professional or registered nurse. shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable hun to act in that capacity, unless, in cases where the disclosure of the information so acquired by a dentist is necessary for identification purposes, in which case the dentist may be required to testify solely with respect thereto, or, unless, where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician, dentist, or nurses may be required to testify fully in relation thereto upon any examination, trial, or other proceeding in which the commission of such crime is a subject of inquiry "

Section 354 of the same act sets forth the manner in which the privilege may be waived by the patient, or if decreased, his personal representatives. The relevant portions of Section 354 are

Application of sections relating to Sec. 354

confidential communications The last three sections apply to any examination of a person as a witness unless the provisions thereof are ex-pressly waived upon the trial or examination by the person confessing, the patient, or the client But a physician or surgeon or a professional or registered nurse, upon a trial or examination, may disclose any information as to the mental or physical condition of a patient who is deceased, which he acquired in attending such patient professionally, except confidential communications and such facts as would tend to disgrace the memor, of the patient, when the provisions of section three hundred and fifty-two have been expressly waived on such trial or examination by the personal representatives of the deceased patient, or if the validity of the last will and testament of such deceased patient is in question, by the executor or executors named in said will, or the surviving husband, widow, or any heir-at-law or any of the next of kin, of such deceased, or any other party in interest. The waivers or any other party in interest. The waivers herein provided for must be made in open court, on the trial of the action or proceeding, and a paper executed by a party prior to the trial prosuch a waiver But the attorneys for the respective parties, prior to the trial, may stipulate for such waiver, and the same shall be sufficient therefor" viding for such waiver shall be insufficient as

In general, it should be concluded that if a physician is in doubt about the matter in a specific case, the safest rule is the best, i.e., refuse to divulge any information unless advised by competent authority to do so

#### SEES NO CAUSE FOR ALARM THAT VETERANS WILL IMPORT DEADLY PARASITES

An army medical officer, writing in the September 1 issue of the Journal of the American Medical Association, says there is no need for alarm that military and civilian personnel returning to the United States from the tropics will import intestinal para-

sites capable of producing fatal or serious diseases
Harry Most, Maj (MC), AUS, carried out a
study on 144 of the more than 1,000 passengers returned to the United States on the liner Gripsholm in December, 1943, and found that 70 per cent of the passengers examined harbored one or more intestinal parasites

"These parasites, for the most part, are not for-eign to this country," he concluded, "and there is no basis for alarm about the spread of intestinal parasitic diseases in this country "

Major Most, who is on leave from his position as assistant professor of preventive medicine and medicine at the New York University College of Medicine, added, however, that "surveys for in-

testinal infections should be conducted on representative groups returning to this country to detect carriers [those who harbor the parasites but are not ill] so they may be treated Food handlers should receive special attention"

The 144 Gripsholm passengers who cooperated in the study included missionaries with many years' residence in China, Japan, Korea, and the Philippines Some of them had been in Japanese occupied territory and in concentration camps for variable periods of time

The parasitologic studies were conducted in the Tropical Diseases Diagnostic Laboratory of the

New York Health Department

The study showed that 36 persons, or 25 per cent of the entire group examined, were infected with a type of parasite which causes chronic dysentery,

intestinal ulcers, and liver abscesses
"It is interesting to note," Major Most said, "that no infections were found from hook-worms"

# "respiration:-normal"

In the operating room, delivery room, ward or home, the response, "respiration —normal," is more certain following treatment of a failing respiratory system with

#### Medical News

#### Army to Release 13,000 Doctors

The New York Times reports that a plan for returning thirteen thousand physicians, thirty-five hundred dentists, twenty-five thousand nurses, and a large number of other Army medical officers to civilian life by January 1 was announced on September 14 by Surgeon General Norman T. Kirk

The new plan, based on a liberalization of the requirements of the demobilization system, will make it possible for Army doctors and dentists, not in the regular Army, to be released on these conditions

1 If they entered active service prior to Pearl

Harbor

If they are 48 years of age or older
 If they have 80 points or over

The only exceptions will be in the cases of less than two hundred scarce medical specialists, to whom the pre-Pearl Harbor release stipulation will not apply These specialists, however, will be released if they began active duty before January 1, 1941 Army nurses will be released if they have 35 points, or are 35 years of age or over, or are married, or have dependents under 14

Physical therapists and hospital dictitians will be released if they have 40 points or are 40 years of age,

or married, or have dependents under 14

Veterinary Corps officers are eligible for discharge if they have 80 or more points, or are 42, or if they joined the Army before January 1, 1941

Medical Administrative and Sanitary Corps officers with point scores of 70 or more, or who are 42, or have been in service before Pearl Harbor, will be

General Kirk stated that large numbers of surplus doctors, dentists, and nurses are being returned from overseas by special air and ship priorities. He said that the Army expected "not later than the end of this year," to liberalize the separation provisions even further

By July, 1946, when the entire Army will be reduced to two million, five hundred thousand, the Surgeon General will have released at least thirty thousand doctors, ten thousand dentists, and more than forty thousand nurses, about 70 per cent of the peak strength, as of V-E Day, of these three corps

At present, there still are twenty-five thousand doctors, fifty-seven thousand nurses, fourteen thousand six hundred dentists, and twenty-five thousand two hundred officers in other categories in the Medical Department

#### County News

#### Albany County

Dr Nathan F Fradkin, a major in the Medical Corps and a former instructor at Albany Medical College, has been cited for the Bronze Star Medal for service with the Albany Base Hospital in Italy

service with the Albany Base Hospital in Italy
He was praised for lus work in "developing policies to govern the detection, diagnosis, treatment,
and disposition of peptic ulcer among soldiers in the

Mediterranean Theater of operations

"Through his outstanding professional skill, ability, and devotion to duty," the citation said, "he has reflected great credit upon himself and the Medical Corps"

Major Fradkin practiced in Albany before he

joined the service \*

Promotion of Dr Martin Lasersohn, of Manhattan, to vice-president of Winthrop Chemical Company, and of Dr Justus B Rice, of New York City, to vice-president in charge of medical research, was announced on September 15 by Dr Theodore G Klumpp, president

#### Broax County

A radio talk on "Sinus Infection" was given on September 8 under the auspices of the Bronx County Medical Society, over Station WNYC, by Dr William H Silverstein, of the Bronx \*

Capt L J Cohen, (MC), has been honorably discharged from the Army and has resumed his practice in the Bronx He was formerly associate medical examiner (pathologist) in the Manila Police Department, Philippine Islands

#### \* Asterisk indicates that item is from a local newspaper

#### Broome County

Dr Irving Ershler, recently discharged from the Army Medical Corps, returned to Binghamton on September 14 to resume his medical practice as an associate of Dr Ronald L Hamilton

Dr Ershler served in the army three and one half years He was a lieutenant colonel at the time of his discharge He was associated with Dr Hamilton when he entered the service \*

The regular monthly meeting of the county society was held on October 9 in the auditorium, Binghamton City Hospital, Binghamton, at 8 30 rm. The scientific session consisted of a lecture by Dr Maynard E Holmes, professor of clinical medicine, Syracuse University College of Medicine, on "Management of Diabetes with the Newer Forms of Insulin"

#### Erre County

Development of chest surgery and important advances in medicine have come as a result of the war, in the opinion of Maj Nelson G Russell, Jr, of Buffalo, who recently was home on leave from the 140th Evacuation Hospital, where he was chief of medicine He was stationed at St Wendel, Germany, where hundreds of emaciated survivors of Nazi prison camps were brought for treatment after the war

the war
"Our hospital was a converted German military
academy and our patients were mostly Russians
who had been forced to work in German coal mines,"
he said "Most of them suffered from tuberculosis
or typhus We also had French and Belgium patients and a few Americans who were injured clean-

[Continued on page 2324]

# Indicated therapy in Sequelae of Epidemic Encephalitis

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Physicians in private practice as well as in neurological clinics have widely prescribed these pills since 1929, and their continued interest in and use of them point to the service ability of this therapy

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[Continued from page 2322]

ing up mines in the days immediately following the war"

"The Russian language was a terrific problem, because there were only two men who spoke it," Major Russell said "Incidentally, discharged Russian patients usually were not anxious to go home Every time we sent a group back to Russia we'd have to look through the woods to find some who were hiding out"

Major Russell, as chief of medicine, was assisted by twelve doctors Recalling his internship ten years ago, when "it was necessary to go out and dig up blood donors," he said the war has proved the importance of having plasma and whole blood available in quantities

Improvements in anesthesia made it possible to save the lives of many men suffering from lung in-

juries, Major Russell explained, adding

"With the aid of forced breathing, shrapnel could be removed from the lung. That isn't new, of course, but it's new to have wide experience in this gained by so many of our surgeons."

Major Russell left with the 174th Regiment in September, 1940, as a first lieutenant Before going overseas in April, he was regimental surgeon with the 174th in this country \*

#### Jefferson County

The regular monthly meeting of the county society was held on October 11, following dinner at 6 30 P M, at the Black River Valley Club, in Watertown Mr George P Farrell, Director of the Bureau of Medical Care Insurance of the Medical Society of the State of New York, spoke on medical care insurance

Dr Charles F Goodnough, of Watertown, who was honorably discharged as a captain in the US Army Medical Corps August 27 at Fort Dix, New Jersey, after four years and four months of active duty, will establish his medical practice in Watertown

Dr Goodnough, the first Watertown physician to return home from the service since the end of World War II, opened an office for the general prac-

tice of medicine on October 1 \*

#### Kings County

Thirty-two Brooklyn leaders in the medical profession have accepted membership on the advisory council of the new Brooklyn cancer committee, Dr S Potter Bartley, chairman, has announced Four of these doctors have been appointed by Dr Joseph Tenopyr, president of the Medical Society of the County of Kings and first vice-chairman of the Brooklyn Cancer Committee, to serve as representatives of the Society on the advisory council These official representatives are Drs Francis W Currin, Pierre A Renaud, Leo S Schwartz, and Irwin E Siris Dr Bartley is chairman of the cancer committee of the Society \*

Maj Charles Stern, of Brooklyn, has been named 9th Armored Division surgeon, it was announced recently by Brigadier General Thomas L. Harrold, Troy, New York, division commander

Major Stern has been executive officer of the 2nd Armored Medical Battalion of the 9th Armored Division for some time He received the Bronze Star Medal for outstanding service in helping to direct the medical forces of the 9th Armored during its varied campaigns

#### Monroe County

The Medical Society of the County of Monroe announced on September 12 that Dr Samuel J Stabins, of Rochester, has returned from service with the armed forces and has resumed practice \*

#### Montgomery County

Dr Alton John Spencer, who has been resident in obstetrics in the Anthony N Brady Maternity Home, in Albany, has located in Amsterdam to specialize in obstetrics He will be associated with Dr J A Dickson

Dr Spencer graduated from the Albany Medical College in 1936 He interned at St Peter's Hospital, in Albany, until 1937, when he established a general practice in Canajoharie, remaining until 1943, when he became resident in obstetrics in the Brady Maternity Home in Albany \*

#### New York County

Dr Dean A Clark, assistant director, public health methods division, senior surgeon, US Public Health Service, has been granted a leave to become medical director of the Health Insurance Plan of Greater New York, the health insurance project sponsored by Mayor Fiorello La Guardia Dr Clark took up his new activities August 1, according to New York Medicine

On September 10 a reception was held at Sherry's to honor Dr Adolf Magnus-Levy on his eightieth birthday Dr Magnus-Levy, who came to the United States from Germany about four years ago, is known for his researches in metabolism and on acidosis Dr Emanuel Libman gave the introductory address, and other speakers included Dr Eugene F Du Bois, professor of physiology, Cornell University Medical College, and Dr Kurt M Grassheim, a pupil of Dr Magnus-Levy Dr Magnus-Levy Joined the staff of Yale University, New Haven, Connecticut, in 1941 as research associate in physiology

Dr Harold J Harris has been released from active naval duty and expects to resume clinical and laboratory research in brucellosis, devoting most of his time to work in New York. An invitation to give a series of lectures on brucellosis at the University of Cordoba, Argentina, awaits approval of the Navy and State Departments.

Details of the plans for the \$30,000,000 New York University-Bellevue Medical Center, to be erected along the Franklin D Roosevelt Drive between Twenty-fifth and Thirty-fourth Streets, were outlined on October 1 by Dr Harry Woodburn Chase, chancellor of the university, who described the project as a "great cooperative adventure in improving the health of the whole New York community"

Dr Chase noted that not only would the university appeal to the public for funds to construct and maintain the new center but that the entire pro-

[Continued on page 2326]

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\*Larymgoscope Feb 1935, Vol. XLV No. 2 149 154 Larymgoscope Jan. 1937, Vol. XLVII No. 1 58-60

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gram was designed to help raise the level of public health.

The university will begin soon a drive for \$15,000,-This will cover the cost of erecting and equipping six building units, including a new College of Medicine, a University Clinic, a University Hospital, a residence for medical students, an auditorium, and an Institute of Forensic Medicine, as well as maintenance for the first five years The university buildings will cover the area between Thirtieth and Thirty-fourth Streets from the drive to

Several of the units will be concentrated in one large structure Atop the H-shaped College of Medicine, which will be five stories high, will be the slender, fourteen-story University Hospital on the crossbar of the H Two lower floors of one wing

will house the clime

Moderate-fee facilities will be provided in the bospital for patients of the clinic. Its rooms will accommodate four bundred and eighty beds and will be single, with the exception of several four-bed "wards" There will be virtually no distinc-tion between "private" and "semiprivate" rooms

The clinic also has been planned to meet the medical needs of the middle-income group, subscribers to various prepayment plans, and persons of higher economic levels. It has been designed specifically to develop a medical-care plan pro-

posed by the faculty

Quarters for students unable to live at bome will be in the residence hall, which will contain two bundred and seventy-nine rooms The auditorium will have five hundred seats and will be used "to bring the medical school out of its ivory tower and let the people know what it can do," according to

Dr Donal Sheehan, acting dean of the school
The Institute of Forensic Medicine, first of its
kind in the world, will train a new type of medical examiner to replace the old coroner system in criminal investigation, Dr Sheehan said The institute will be built by the city on land provided by the university and operated by faculty mem-

Dr Sheehan said the school planned to scrap its old curriculum and substitute a new one emphasizing the importance of medicine as a social science This will involve establishment of several new departments, including one dealing with the humani-

ties in relation to medicine
"Our responsibility is great," Dr Sheehan remarked, "because we are educating more doctors for the metropolitan area than any other school and our program is going to affect the public health a great deal We have to train doctors to tackle problems in medical economics as well as in medical care "\*

Pointing out that war-accelerated research has led to notable advancements in medical knowledge and application that would have been impossible in a peacetime period of similar length, Dr. Cornelius P. Rhoads, acting president of the New York Academy of Medicine, urged on October 8 that this newfound tempo of medical advance be continued

Addressing one thousand physicians and surgeons at the start of the eighteenth graduate fortnight of

the academy, Dr Rhoads said

"Let the physician and the public be vocal and demand that the present rate of medical advance be

continued If we cannot bave concurrent research and development under the existing facilities, let the facilities be expanded. If this requires planning and initiation and organization, as was the case during the war, let us have these but in such a way as not to interfere with individual freedom and initiative'

Brig Gen. William C Menninger, director of the Neuropsychiatry Consultants Division of the Office of the Surgeon General, and Dr. Thomas A. C. Rennie, associate professor of psychiatry at Cornell University Medical College, participated in the scientific program that followed Dr Rhoads' ad-Dr Menninger said that war neurosis represented only a small percentage of the total psychiatric problem of the Army \*

The city's first medical center devoted to the training of doctors, nurses, and specialized personnel in the care of infantile paralysis patients has been started at Knickerbocker Hospital, it was announced on October 8

The new center, which will serve as a "model unit" for teaching and research, was announced jointly by Basil O'Connor, president of the National Founda-tion for Infantile Paralysis, George L Shearer, chairman of the foundation's Greater New York Chapter, and A. Robert Munro, president of the hospital.

The teaching and research aspect of the new service will be financed by a grant of \$100,000 from the National Foundation, while \$425,000 from the local chapter will pay for special equipment and

treatment of patients

Pointing out that the new center was not intended to provide care for all paralysis sufferers in the city, but to serve as a training center for professional personnel, Mr Munro said that when the Knickerbocker unit was in full operation, it would draw physicians from all over the country interested in treating the disease

It will give them the opportunity to study care of the disease under ideal conditions, to study the At present there are 19 latest types of treatment

patients, but 35 can be accommodated

The new unit is expected to make it possible to treat infantile paralysis cases in one hospital from the onset of the disease until final disposition instead of having patients attend several institutions at various stages of the disease for different treatment

Philip M Stimson, associate attending Drpediatrician at New York Hospital and associate professor of clinical pediatrics at Cornell University, will direct the new service. He will be assisted by Dr Dorothy Jackson, resident physician at Knickerbocker Hospital and formerly resident physician in poliomyelitis at Willard Parker Hospital

In addition, the staff will include two physicians, five physical therapists, one occupational therapist, eighteen nurses, an executive secretary, and several persons trained in the application of "hot packs"

The new unit will occupy the entire fifth floor of the hospital Phases of treatment will include pediatric care, physiotherapy, rehabilitation and occupational therapy, and orthopedic support and reconstruction \*

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#### [Continued from page 2326]

Incorporation of a nonprofit organization to make blood and plasma more readily available to patients in civilian hospitals at small cost was announced on October 3 by the New York County Medical Society

The somety disclosed, at the same time, the existence of a cooperative arrangement among one hundred and fifty hospitals in the metropolitan area during the war years, with the object of providing whole blood or plasma of any required type to any patient in any hospital in the metropolitan area whenever needed This arrangement was first organized four years ago as the "Blood and Plasma Exchange Bank of the Medical Society of the County of New York."

It is now being superseded by the nonprofit cor-poration, to be known as the "Blood and Plasma Exchange of New York, Incorporated" The wartime activities were carried on without any public announcement because of a desire to avoid any semblance of competition with the blood procurement program of the American Red Cross for military

The new corporation will have a fivefold pro-

"To coordinate existing facilities and institutions in the New York metropolitan area for the obtaining, processing, typing, matching, transportation and supply of human blood, blood plasma, and re-

lated products
"To reduce the cost and to improve and increase
the supply of human blood, plasma, and related
products for patients in the hospitals in the New

York metropolitan area

"To conduct and support research projects in the operation of human blood banks and the improvement of their procedures

"To finance the training of technical personnel for the operation of human blood banks
"To stimulate and, if desirable, to subsidize the development and operation of additional blood banks in hospitals in various regions of the metropolitan area

The society revealed that the blood plasma exchange has had a "phenomenal" growth in the last three years In 1943, during the first full year of operation, three thousand exchange transactions of blood or plasma were carried on under the plan During the first nine months of 1945 there have been about 20,000 umts of blood or plasma exchanged

The cost of a pint of blood for transfusion was \$41, before the plan was put into effect Under the new arrangement a patient may obtain a unit of processed blood or plasma without any charge, if he arranges through his family or friends to reimburse the hospital bank with two units of unprocessed blood If no blood is replaced, the charge is \$15 for

Grants will be sought from various foundations to permit a program of expansion and improve-ment, it was revealed. One of the purposes to which endowments or grants will be devoted will be establishment of a twenty-four hour a day telephone and delivery service operating through a central office, where an inventory of the supplies of blood of all types, plasma, and blood derivatives will be kept

"The proposed institutional scheme for postwar development in the New York metropolitan area visualizes the development of three specific types of blood banks in hospitals," the Society's announcement said. At the top of the system will be a few

research and teaching institutions An intermediate type of blood bank would be the large supplying and processing bank similar to that now maintained by a number of leading hospitals in New York City The third type would be a blood bank station located, usually, in a smaller hospital and supplied and serviced by the nearest research or supplying institution

The technical policies of the Blood and Plasma Exchange Bank have been determined by a board of governors consisting of the superintendents and transfusionists of the eight supplying hospitals together with representatives of three of the receiving hospitals and the Deputy Commissioner of Health The board of directors of the new corporation will include eventually representatives of the county society, the city's health and hospital departments, the Greater New York Hospital Association, and other agencies \*

Completing fifty-four months of continuous scientific service with the Army Air Forces, Lt Col Charles E Kossmann, (MC), of New York City, has been placed on the mactive list to resume essential teaching and research activities as assistant professor of medicine at New York University College of Medicine, it was announced on September 26 by the AAF School of Aviation Medicine, Randolph Field, Texas

#### Onondaga County

Col. Henry van Zile Hyde, of Skancateles, New York, a surgeon commissioned in the Regular Corps of the US Public Health Service, has recently returned to this country after serving six months as Director of U.N.R.R.A 's Middle East Office in Cairo, Egypt, where he had charge of procuring relief supplies in the Middle East area for shipment to the countries receiving UNRRA relief

Previous to his assignment to the United Nations Relief and Rehabilitation Administration Dr Hyde had been detailed by the Public Health Service to Foreign Economic Administration He was in Cairo on a mission for that agency last February when he agreed to transfer to the U N R R.A post

until a successor could be appointed

Dr Hyde is a graduate of Johns Hopkins and Syracuse universities He served as Regional Officer for the Office of Civilian Defense in New York in 1941, in the OCD's Field Casualty Section in Washington in 1943, and has also been as a second of the William Servers of the Wi sociated with the New York State Health Depart-He is now on leave of absence, and is scheduled for a new assignment by the Public Health Service on his return

Wilfred W Westerfeld, Ph D, associate in biochemistry, Harvard Medical School, Boston, has been appointed professor of physiologic chemistry at Syracuse University College of Medicine, Syra-cuse, effective October 1 Dr Westerfeld succeeds Dr Robert K Brewer, who died in March

#### Otsego County

A series of lectures, clinics, and chinical-pathologic conferences are being held at the Mary Imogene Bassett Hospital, in Cooperstown, during the 1945– 1946 season They take place on Thursday after-noons at 4 30 PM On October 4 Dr Ernst E M

[Continued on page 2330]



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Mathias led a olinical-pathologio conference on two cases of uremia, (a) in diabetes, and (b) in cystic disease of the kidneys On October 11 Dr Clarence F Schuhert delivered a lecture entitled "Penicillin" On October 18 Dr James S Harrison lectured on "Certain Considerations in the Postoperative Management of Surgical Patients, Including the Miller-Abbott Tube" On October 25 Dr Mathias led another clinical-pathologic conference On November 1 Dr Richard F C Kegel lectured on "William Conrad Roentgen—Fiftieth Anniversary of the Discovery" On November 8 a lecture entitled "Congenital Inter-renalism" will be given by Dr Mathias, and on November 15 he will again lead a clinical pathologic conference. On November 200 clinical-pathologic conference On November 29 Dr C Maynard Guest will speak on "Primary Atypical Pneumonia" On December 6 Dr Roswell D Johnson will speak on "Administration of Par-enteral Fluids" On December 13 a clinical-pathologic conference will he led by Dr Mathias or Dr Darrell Ayer, and Dr Ayer will lead other conferences on January 24, February 14, March 7, March 28, and April 18, the final clinical-pathologic conference, on May 16, will be led by Dr Mathias On January 10 Dr George W Mackensie will discuss "Sudden Death from Natural Causes" On January 17 Dr Roul H Dorsto will grock on the January 17 Dr Paul H Darsie will speak on the topic, "Tularemia" The subject for January 31 will be "Recent Trends in Ahdominal Surgery," to be discussed by Dr Monroe A. McIver On February 7, 1946, Dr Paul E Thompson will speak on "Amebiasis Its Diagnosis and Treatment" On February 21 Dr. Mackanera will discuss "Use of on "Amebiasis Its Diagnosis and Treatment" On February 21 Dr Mackensie will discuss "Use of Thiouracil in Thyrotoucosis" On February 28 Dr McIver will speak on "Management of Wounds" Dr John H Powers will he the speaker on March 14, his topic will be "Alterations in Blood Secondary to Operation" On March 21 Dr Halvor N Christensen will discuss "Electrolyte Metabolism" On April 4 the subject will be "Medical History" On April 4 the subject will be "Medical History," on April the subject will be Medical History, the speakers are to be announced later. On April 11 Dr. Marjorie F. Murray will speak on a subject to he announced. On April 18 Dr. Christensen will speak on the topic, "Metabolism of the Amino Acids." The final meeting, on May 23, will be devoted to "Medical History," with speakers to be announced later. announced later

#### Queens County

A stated meeting of the county society was held jointly with the Queensborough Tuberculosis and Health Association on September 25 at 9 00 pm "Teachable Moments for Health, the Physician as Educator," by Jay Bryan Nash, Ph D, chairman of the department of physical education and health, Now York University, was followed by short addresses by Dr Edward M Bernecker, Commissioner of Hospitals of New York City, and Dr Ernest L Stohlins, Commissioner of Health for New York City

The Committee on Graduate Education of the county society presented Dr Frederic Wertham, director of the mental hygiene clinic, Queens General Hospital, and senior psychiatrist of the New York City Department of Hospitals, giving a lecture entitled "The Human Constitution and Its Significance in Physical and Mental Disease," in the County Society Building on October 5 at 4 30

#### Rensselaer County

Dr Leo S Weinstein, Troy, who had served as a captain in the Army Medical Corps since July 29, 1942, has received his discharge from the service and

has resumed his practice in Troy

Dr Weinstein, formerly secretary of the county society for five years, was commissioned June 18, 1942, and entered active service July 29 of that year He served from July 30, 1942, to May 29, 1943, in the orthopedic service at the Station Hospital, Fort Knox, Kentucky, and was then transferred to Billings General Hospital at Fort Bonjamin Harrison, Indiana, where he served on the orthopedic service until his retirement from active duty, being chief of the service from January 9 to April 9 of this year

At the Billings General Hospital, an orthopedic specialty center treating practically all cases of returned comhat wounded veterans, he worked with other members of the staff on the development of a new method of treatment of osteomyelitis which me with success in clearing up the infection in as short a time as two to three weeks and converting open hone cases to closed cases, thereby shortening the period of recovery from what sometimes was a mat-

ter of years, to one of months \*

Dr Julien A Hebert, veteran of five invasions with the airhorne forces, who has been given his honorable discharge from the Army Medical Corps and resumed his practice in Troy, has received a letter from Gen Jacob L Devers, Headquarters of the Army Ground Forces, commending him for his services

Dr Hebert took part in the invasions of Africa, Sicily, Italy, Normandy, and Holland, often landing beyond the enemy lines to establish a hospital unit, then open a corridor through to our advancing forces. He was wounded on June 6, 1944, D-Day in Normandy, and received the Purple Heart He also has the Presidential Unit Citation with Oak Leaf Cluster His European theater ribhon has four hattle stars for major campaigns He qualified as a glider service officer

The letter from General Devers was addressed to

him under his rank of captain and reads

"I wish to express to you my real appreciation for the important part you have played in this war. The nation, the Army, and the Army ground forces share your just pride in your contribution to making our arms victorious. Without you and others who, like you, unselfishly gave up orvihan pursuits to defend the civilization we cherish, our brilliant and complete victory in Europe could never have been achieved.

"Your military organization and the friendships you have formed will be a source of great satis-

faction to you for many years to come

"I am sure you will resume your duties as a citizen with the same loyalty, leadership, and devotion that have marked your service as an officer. You go to your home with my wishes for your good fortune in the future."

Dr Hebert volunteered for the airborne infantry service and served with glider field artillery units, the 101st and 82nd Airhorne Most of his work was surgery

Dr Hehert flew in gliders right into enemy lines where our airborne troops formed a circle, in the old Indian style of fighting, then spread out until

Continued on page 2332]



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Write For FRFE Clinical Size

[Continued from page 2330]

they had established contact with our advancing Thus they were ready to treat and evacuate forces the wounded

In the invasion of Holland his outfit was surrounded for five days and could not evacuate the With them were two thousand two hundred wounded in tents and three thousand in a hospital They stood off the enemy until finally a way was opened to Brussels and evacuation of the wounded began Dr Hehert gives much credit to Red Cross blood plasma and to penicillin for many lives saved \*

#### Rockland County

The fall meeting of the Rockland County Medical Society was held at Letchworth Village, Wednes-day, September 26, 1945

A motion was proposed and unanimously earried at "The Rockland County Medical Society, through a committee appointed by the president, petition the Board of Supervisors to provide for the treatment and care of medically indigent cases both within and without the hospitals on the plan already operating in Orange, or Saratoga, or Putnam counties, which have already been approved by the State Welfare Department and which are in practically all details similar and on a fee schedule equivalent to that of the Workmen's Compensation Department now in operation in this district. Also, to again bring the following suggestions to the Board of Supervisors for consideration

Establishment of a hospital for the chroni-

cally ill and incurable

Establishment of diagnostic centers for adequate proper procedures at moderate cost

Establishment of a County Laboratory

4 Establishment of a hospital for contagious discases

Following the husiness session, a paper was read by Dr Robert L Yeager, of the Summit Park Sanatorium, on the diagnosis and treatment of earcinoma of the bronchus showing 6 recent patients, 2 of whom had had pneumonectomy within the past

A buffet supper was served by Dr Harry C Storrs

and his staff

#### St Lawrence County

Dr Edward P Whalen, house physician at the A Barton Hepburn Hospital, Ogdenburg, and a former major in the United States Army Medical Corps, has been named school physician for Ogdens-

hurg by the Board of Education
Dr Whalen will succeed Dr F D Earl, who
recently resigned, and the late Dr Thomas D
Brown, physician for the parochial schools \*

#### Westchester County

Dr Henry S Houghton, director of the Rockefeller Medical School in Peking, China, where he had been imprisoned by the Japanese for three years and

nine months, was recently liberated
Dr Houghton had been taken prisoner by the
Japanese the day after the bombing of Pearl Harbor, thrown into a small servants' quarters in Peking and held there, incommunicado, until August 21 when the paratroopers pushed into the city

Dr Houghton had spent much time in China before the war He was in charge of the medical

school when it was built in 1918 '

## Necrology

Isidor P Behrman, M D, of Brooklyn, died on August 5 at the age of 62 A graduate of the New York University and Bellevue Medical College in 1905, he was associate pediatrician on the staff of the Israel Zion Hospital in Brooklyn He was also a member of the Brooklyn Pediatric Society, Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association

John Herbert Bliss, M D, of Brooklyn, associate surgeon of the Methodist Hospital in Brooklyn, and attending surgeon of the Brooklyn Cancer Insti-tute, died on October 1 He was 52 years old Dr Bhss was graduated from the College of Physicians and Surgeons, Columbia University, in 1921, and served his internship at the Methodist Hospital, later going to the Mayo Foundation, where, in 1924, he was appointed first assistant in radium He was a member of the Brooklyn Surgical Society, the medical societies of Kings County and New York State, and the American Medical

Association He was also attending surgeon at the Bay Ridge and Caledonian hospitals in Brooklyn James P Boylan, M D, of Brooklyn, died on September 25 at the age of 50 Dr Boylan was actseptember 25 at the age of 50° Dr Boylan was acting director of gynecology, attending obstetrician,
and a member of the executive board of St Clare's
Hospital, in Manhattan He was also assistant
gynecologist at the Vanderhilt Clinic, associate
obstetrician at the outpatient department of the
New York Polyclinic Hospital, assistant clinical
professor of obstetrics and gynecology at New
York Medical College, assistant gynecologist at the

House of Dotention for Women, and a member of the staff of the Woman's Hospital and City Hospital A graduate of the College of Physicians and Surgeons, Columbia University, class of 1927, he served his internship at Sloane Hospital for Women, Memorial Hospital, and St Mary's Hospital in He was a diplomate of the American Brooklyn Board of Obstetrics and Gynecology, a fellow of the American College of Surgeons, and a member of the New York Academy of Medicine, the American Medical Association, the Medical Society of the State of New York, and the Kings County Medical Society

Isidore Friesner, M.D., formerly of New York City, died on September 8 at his home in Katonah, New York He was 71 years old A pioneer in He was 71 years old A pioneer in the microscopic study of ear diseases, Dr Friesner was former president of the medical hoard of Mt Sinai Hospital, and consulting otologist to Beth David, Bronx, Methodist, and Beth Moses hos-putals in Markhetter and Beth Ellery St. pitals, in Manhattan, and to Beth El and St. Joseph's hospitals in Brooklyn He was former president of the American Otological Society, and a member of the American Society of Laryngology, Rhinology, and Otology, the American Academy of Ophthalmology and Otolaryngology, a fellow of the Academy of Medicine, and the American College of Surgeons, and a diplomate of the American Board He was also a member of the of Otolaryngology He was also a member of the Medical Society of the State of New York and the Dr Friesner re-American Medical Association



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[Continued from page 2332]

ceived his medical degree in 1901 from the Gross

Medical College in Denver, Colorado LeRoy Thomas Geer, M D, of Syracuse, died on September 1 Dr Geer, a graduate of the Medical College of the University of Pennsylvania in 1901, was one of the founders of the Onondaga General Hospital in Syracuse, heading its surgical staff for four years. He was a member of the Syracuse Academy of Medicine, and had been a physician in

Syracuse for forty-three years
William R. Knabe, M.D., formerly of Schenectady, died on September 10 in Orleans, Massachusetts He was 66 years old Dr Knabe received his medical degree from the University of Leipzig in 1903, and came to this country in 1923 He was employed in the medical department of the General Electric Company from that year until his retirement last year He was a member of the Schenectady County Medical Society, the State medical society, and the American Medical Asaoctation

Samuel Leventhal, M.D., of Brooklyn, died on July 10 at the age of 48 He was graduated from the Long Island College of Medicine in 1923 and was associate physician at the Bushwick Hospital in Brooklyn He was a member of the Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Fredric Lewis, M.D., of New York City, died on October 3 at the age of 35 He was graduated from the Long Island College of Medicine in 1936 and served on the staffs of Harlem Hospital, and French Hospital During the war he was an officer in the Army Medical Corps, and at one time served as flight surgeon with the 6th Air Force in Panama. At the time of his death he was on inactive reserve He was a member of the medical societies of New York County and State, and the American Medical Association

George Trecise Polk, M.D., formerly of Brooklyn, died on September 6 at the age of 52 Poughkeepsie, Dr Polk was graduated from the Albany Medical College in 1917, practiced in Brooklyn for several years, and then opened offices in Pittsburgh, where he had been for the past five He was formerly assistant surgeon at the

Brooklyn Eye and Ear Hospital

Walter J Werfelmann, Sr, MD, of Syracuse, who had practiced medicine in that city for more than fifty years, died on September 2 Dr Werfelmann was one of the three surviving members of the class of 1890 of the Syracuse University College of Medicine. He was a member of the Onondaga County Medical Society, the State medical so-ciety, the Syracuse Academy of Medicine, and the

American Medical Association He was 77 years old William J Wagner, Lt.,(MC),USN, of New York City, was killed on September 17 in a Navy plane crash at Port Arthur, Texas He was 32 years old, and had taken part in amphibious actions at Casablanca, Sicily, and Salerno He received his medical degree from Jefferson Medical College in 1939, and served as an intern at Roosevelt and St. Vincent's hospitals before being commissioned in At the time of his death he was attached to the Naval Training Base, Corpus Christi, Texas.

#### AMPUTATIONS AVOIDED WITH PENICILLIN INJECTIONS INTO ARTERY

Amputations may be avoided and severe infections of hands, feet, arms, or legs cleared up when penicillin is given by injection into an artery instead of by other methods

Success with this method in 24 cases, believed the first treated in this way, is reported by Dr S Thomas Glasser, Dr John Herrlin, Jr, and Dr Boris Pollock, of New York Medical College and the Flower-Fifth Avenue and Metropolitan Hospitals, in the Journal of the American Medical Association (July 14)

One injection may cure cases of infection and inflammation without pus formation and discharge and without death of tissues, the doctors report.

Pain is often greatly relieved following the first injection. When amputation is necessary, it may be frequently possible to save more of the leg or arm, hand, or foot than would otherwise be saved

Infection complicating diabetes and arteriosclerosis, which often results in gangrene requiring extensive amputation, is a condition for which the artery injections of penicillin are particularly recommended. The doctors believe it would also be particularly helpful in war wounds of the extremities.

Less penicillin is needed when given by injection

directly into an artery than when given by injection into a vein or muscle or by mouth or local application

Instead of giving injections every three hours round the clock, as is often necessary, only one injection was given on any day in the 24 cases reported.

Injecting the drug into the artery is believed a most efficient way of concentrating it in the part of

the body where the infection is located

Very impressive to the doctors was the case of a 70-year-old man who had necrotic ulcers of his right foot, hardening of the arteries, diabetes, and infection Such a condition "is always regarded with alarm," they point out This man was given two artery injections, four days apart, of 50,000 units of penicillin each.

"Improvement was prompt and granulations appeared at the ulcer sites within one week," the Commenting further on this case, doctors report

they state

"Penicilin prevented extension of infection and we are impressed by the rate of healing which, although delayed by arteriosclerosis, is nevertheless far more rapid than we have ever observed under any other method of treatment."-Science News Letter, July 21, 1945



## Hospital News

#### **Improvements**

Miss Catherine A Bross, business manager of Rensselaer County's Pawling Sanitarium, has announced the installation of new x-ray darkroom equipment

The installation of this equipment, says Miss Bross, is the most important of the many improvements made in the county institution this year

This equipment includes two thermostatically controlled developing tanks, a large red safety light, a light for reading the x-rays, and a storage bin for undeveloped films. The tanks, in which twenty films can be developed at one time, are contained in a vat of water the temperature of which is kept constantly at a temperature of 65 degrees.

To facilitate the checking in of case data, all films have been centralized in one room. Steel file

drawers accommodate the ten thousand x-rays of the clinic patients, and open wooden cabinets are used for the three thousand chest pictures of the discharged patients. Among the films on file, many are of the old celluloid type. The newer x-ray film now in use is made of a noninflammable substance.

Regular chest clinics are held every Wednesday afternoon at sanitarium and twice weekly at the Health Center in Troy on Wednesday evenings and Friday afternoons. Monthly clinics are held in Rensselaer at Huyck's Mills on the first Thursday of each month, and in Hoosick Falls on the second Thursday of each month. At appointed times throughout the year, clinics are scheduled at various other places in the country. The sanitarium physicians examine at least 2,000 patients annually.\*

#### At the Helm

The appointment of Isabel Cameron as superintendent of Doctors' Hospital, in Port Washington, was announced on August 31 by Dr Morton Stein, head of the medical board

Miss Cameron was formerly superintendent of Albany Memorial Hospital and before that superin-

tendent of Cohoes Hospital, Cohoes

It was announced also that Dr J C De Liso, roentgenologist, recently discharged from the US Army Medical Corps, has been added to the hospital staff \*

After nearly nineteen years at the Sunmount Hospital as head of the tuberculosis department and heart consultant, Dr Charles O Purinton has submitted his resignation from the US Veterans' Administration service \*

Clifford L. Smith, well-known Hudson businessman, W F Salmon, president of the State Bank, Chatham, and Mrs J Sanderson Hand, of Stuyvesant Falls, have been elected to the Board of Trustees of the Hudson City Hospital, Hudson

Under recent action of the Board its membership was increased to fifteen trustees. As the Board is now constituted, all sections of the county are represented in its membership

Other members of the Board and its officers are

William H Graves, Hudson, president, J Wessel Ten Broeck, Greenport, vice-president, James J McEvoy, Hudson, secretary, James E Leath, Kinderhook, Dr Philip Freinberg, Hudson, Herman F Zorn, Hudson, Mrs George C Inman, Hudson, L P Hover, Germantown, Albert C Bristol, Copake, Miss Clara N Harder, Philmont, Frederick J Longley, Claverack, and Mrs John S Williams, Old Chatham \*

Miss Helen McAuliffe, of Syracuse, will become assistant superintendent of Memorial Hospital, in Syracuse, it was announced on September 13 by the board of directors. A graduate of Memorial Hospital, she has been administrative assistant in charge of admissions for three years.

She will replace Mrs Cordelia King, who will leave to become administrator of Little Falls Hospital Mrs King has been assistant to Miss Miriam

Curtis, superintendent, since July, 1943 \*

Reappointment of Joseph J Lovas, of Buffalo, to the board of managers of the Meyer Memorial Hospital was announced on September 13 by Mayor Joseph J Kelly

Lovas, who has served on the hospital board since it was reorganized a year ago, was renamed for a full five-year term Members of the hospital board

serve without compensation \*

#### **Newsy Notes**

New Rochelle Hospital has bought a ten-room, three-story frame dwelling in New Rochelle, and renovation of the house, which will be used as an annex to the present nurses' home, began on September 5 \*

The St Clare's Hospital East Side Extension, sumptuous fifty-bed convalescent institution remodeled from the seven-story Herbert N Straus

\* Asterisk indicates that item is from a local newspaper

mansion in New York City, was blessed and dedicated on September 8 by the Most Rev J Francis A McIntyre, Auxiliary Bishop of New York Five hundred persons, including William O'Dwyer, Democrat-American Labor candidate for Mayor, attended the ceremonies \*

Plans are under way for extensive additions to Vassar Brothers and St Francis' hospitals, in [Continued on page 2338]

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ARTHRITIS AND RHEUMATIC DISORDERS—a part-time sixweeks course reviewing diagnosis and treatment, including analgesic injections. Date of session determined by number of candidates available.

Further details regarding these and other postgraduate courses, including a General Review for returning Medical Officers may be obtained from the

Director, Postgraduate Division 477 First Avenue New York 16, N Y

#### [Continued from page 2336]

Poughkeepsie, it was said on September 8 though no details of building and fund-raising plans have yet been made public, spokesmen for both institutions said new buildings would definitely be added to present facilities

St Francis' plans to "double the capacity of the hospital in all departments," according to Dr James J Toomey, chief of staff This includes not only the hospital itself, but the nurses' home, living quarters, laundry, and central heating system

Foundations for a new building were dug before the war, and Dr Toomey said a master plan for the entire hospital is now being drawn up "We are definitely going to build," he declared Dr Toomey did not disclose how the hospital

planned to raise the necessary funds, but acknowledged that "some will have to be raised through public subscription "

Robert Hoe, president of the board of trustees at Vassar Brothers Hospital, said "nothing has been settled as yet," but "plans for a new hospital are being drawn up now"

Mr Hoe pointed out that increased demand on the facilities of the hospital makes it necessary to increase the facilities of the hospital itself and to ex-

pand nurses' living quarters

Extent of building will depend on how much money can be raised, by public subscription, Mr "The public will have to provide the Hoe said funds "\*

Contribution of \$25,200 by Weed and Company and associates to the Buffalo General Hospital's \$4,000,000 expansion fund, will make possible six semiprivate rooms in the proposed building, according to Henry W Wendt, chairman of the comon corporation subscriptions, who an-

nounced the gift on September 7
Underwritten by the company's subscription, the unit will comprise half of the south wing on the second floor of the new structure Its twelve beds will supply urgently needed accommodations for an

estimated 300 patients yearly

Under the plan by which a selected part of the proposed building may be established as a memorial upon subscription of the estimated cost of construction and necessary equipment, the section involved will be dedicated by Weed and Company and associates

The United Hospital Fund of New York began its sixty-seventh annual campaign on September 27 in Brooklyn and Queens with a luncheon in the Hotel St George, Brooklyn, and a dinner in the Forest Hills Inn, in Queens A total of \$1,661,255 is being sought throughout the city, of which the Brooklyn quota is \$250,000 and the Queens quota is \$70,000 Funds raised in the campaign will be used to assist eighty-seven member hospitals in greater New York and the Visiting Nurse Association of Brooklyn. Speaking at the luncheon Adrian Van Sinderen, chairman of the Brooklyn Division, disclosed that one half of the care provided by member hospitals in Brooklyn last year was furnished free or at less than cost '

The Wyckoff Heights Hospital, in Brooklyn, has voted to put into effect plans for a large wing, according to an announcement by Herman Ringe,

president of the board of trustees

The wing will cost about \$500,000 and will occupy a plot adjoining the hospital, it is explained. The new structure will increase the hospital's bed capacity by one hundred and fifty Mr Ringe says that it will be of the most modern construc-tion and will incorporate the latest advances in hospital planning and equipment \*

A total of two thousand, one hundred and sixteen gifts amounting to \$162,884 was announced on October 2 by the Manhattan-Bronx Women's division of the sixty-seventh annual United Hospital Campaign at a meeting in the Hotel Pierre ballroom nouncement brought the total of all gifts to date to \$373,633 The campaign opened on September 24

Dr Barbara B Stimson, assistant attending surgeon at Presbyterian Hospital, who served as a major in the British Royal Army Medical Corps during the war, described hospitals she worked in

from North Africa to England

"It is a shock to come back to America now," Dr Stimson declared "You do not know what is going on We have not been touched here"

The current campaign, with James S Adams as chairman, has as its goal collection of \$1,661,255, representing the difference between income and operational costs of the eighty-seven voluntary nonprofit hospitals and homes in the United Hospital Fund '

The Buffalo Electro-Chemical Company has contributed \$12,600 to the Buffalo General Hospital building fund to build and equip an electrocardio-graphic department, Henry W Wendt, chairman of the committee on corporation subscriptions, announced on September 14.

Presenting the subscription as a memorial in honor of company employees, Charles A Buerk, president of Buffalo Electro-Chemical, said the contribution will "make suitable public acknowledgment of the honor which we feel is due our employees who have served the nation in time of crisis "

Schenectady's campaign to raise \$1,200,000 for the construction of a two-hundred bed Catholic hospital has been oversubscribed, the Very Rev John H. Finn, in charge of the project, has announced.

The two-week campaign was concluded with a fund of \$1,337,181 pledged by Schenectady area

residents for the hospital.

Father Finn said the hospital, to be known as St Clare's, will be operated by the Sisters of the Poor of St. Francis A site for the building has been acquired \*

The first report meeting of the Special Gifts Committee of the Columbia Memorial Hospital building fund was a dinner meeting at the General Worth Hotel, in Hudson, on September 25

Interest in the new hospital is growing daily, as shown by the large number who have volunteered to do the interviewing of nearly a thousand persons throughout the country for special gifts, explained Luther B Fingar, of Germantown \*



# Correspondence

Veterans Administration 215 W 24th St New York 11, New York August 30, 1945

Medical Society of the State of New York 292 Madison Avenue New York, New York

Gentlemen -

The immediate expansion of the Rating Board Section of the Adjudication Division will require the services of twelve doctors to fill positions on the several rating boards The position is designated as rating specialist, medical In the belief that your Society is able and desirous to contribute the valuable assistance that is so vitally necessary to the accomplishment of prompt and satisfactory recruitment in this phase of our program, I am addressing this subject to your attention

The position of rating specialist, medical, is presently classified under the professional and scientific group under Grade P and S-4 The basic entrance salary is \$4,300 per annum, and with the overtime schedule of eight hours presently in operation, the aggregate annual rate is \$5,092 65 per annum

The duties of a rating specialist, medical, relate to determinations made by rating boards regarding the question of service connection of injury or disease, either by direct incurrence in active service with the armed forces or aggravation of a disease or injury which is shown to have pre-existed such service, and, further, to determine the degree of disability resultant upon such disease or injury held to be so incident to service

This employe is a member of a Board consisting of two other members, designated as rating specialist, claims, and rating specialist, occupational, which, under the emergent conditions obtaining, is now administratively complete with either one of the two members last mentioned The work requires no

medical examination of veterans except in those cases wherein a veteran requests opportunity for appearance before the rating board and his disability is of a patent character which may permit determination without recourse to medical appliances nature and degree of disability are ascertained from the medical records furnished by service departments and those provided by Veterans Administration Facilities, or state, county, and municipal hospitals. The employe has standard and routine daily hours of employment. At present, the daily hours are 8 30 AM to 5 00 PM six days weekly (which includes eight hours of overtime), and there is a half-hour lunch period intervening

In view of the increasing rapidity of discharge of members of the armed forces, and the corresponding relative increase in the number of discharged veterans filing claims for benefits due to disability, it is desired to accomplish this expansion with the least possible delay, to the end that sufficient training may be afforded new appointees to insure the rendition of prompt and effective service to meet current de-

mands

In view of our mutual concern for the welfare of the veteran returning to civil life and our consequent desire to render every assistance, it is anticipated that you will be able to render highly effective assistance in establishing contact with a sufficient number of doctors who are so economically situated, physically fitted, and willing to serve in this work as to permit of the filling of our needs without undue delay in a substantial and constructive manner

Arrangement for interview concerning the further particulars relative to the position of rating specialist, medical, may be made with Mr W F Greene, adjudication officer, at this office, by either letter or telephone. The telephone number is Longacre

5-2500, Extension 15

E B DUNKLEBERGER, Manager

## THE "PSYCHONEUROSIS FAD"

A "psychoneurosis fad" based on a mistaken belief that every returning veteran is maladjusted and in need of special training, is "causing returning servicemen some bewilderment and rapidly assuming ridiculous proportions in the United States." according to a recent editorial in the United States Army newspaper Stars and Stripes

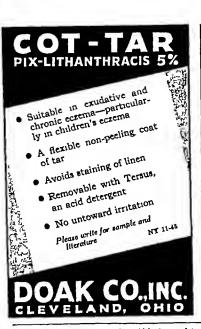
"Honest psychiatry is an established profession," says the GI editor "Its services are badly needed by many fine men who are coming out of the war with mental illness, but," he continues, "every screwball with thick lenses and a long haircut is setting up shop as an expert on the returning veteran."

Emphatic support for this viewpoint comes from Mr Frank H Bowles, Director of Admissions at Columbia University, who declared in a report to Dr Nicholas Murray Butler, retiring President of the University, that the belief that the American fighting men will return from war with warped values and a neurotic personality is "pre-tentious poppycock" Speculative attempts to Speculative attempts to

evaluate the state of mind of the GI were described

as "remote control psychoanalysis"

Likewise, Lt William Best, Jr, in an article in the Saturday Evening Post for April 14, 1945, under the title "They Won't All Be Psychoneurotics," suggests that if the soldiers are paying any attention to what they read in the newspapers they must have a terrific inferiority complex, imaging themselves as "tamed dogs gone wild who must pause on the road back to normalcy in order to be rehabilitated" On the contrary, Lieutenant Best says that "most of the soldiers felt far older and wiser from their experiences" in war and, in fact, "most of them felt it would take a lot to floor them" He reports that "the doctor in charge of one of our largest hospital ships told me that half of the patients classified as psychoneurotic showed amazing improvement the minute it was obvious that their ship was headed for the United States with no danger of turning back Overseas many a boy who suffers from acute homesickness is a psychoneurotic In civihan life he is merely homesick "—N Y Med, July 20, 1945



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Discussion of cancer control would be incomplete without mention of the fact that the year 1945 marks the one hundredth anniversary of the birth of Wilhelm Konnad Roentgan (born March 27, 1945) and the lifteth anniversary of his discovery of the x ray, which has proved involuable in the diagnosis and treatment of cancer as well as of many other discusses.

Perhaps the best index of the progress being made in cancer control is the mounting number of cured cases. The American College of Surgeons up through 1943 had registered more than 33,000 per tients who had not had recurring symptoms five years or more after treatment. In line with these results are reports of various investigators on the improved survival of cancer patients. To cito one lastance. In Connecticut, of the hospitalized cancer cases treated for the first time in 1935, 63.6 per

cent were alive at the ond of the calendar year of treatment and 40 7 per cent were alive at the end of the next calendar year for cases first treated in 1942 the respective percentages were 74.5 and 03 1

These lavorable developments must not obscure the fact that cancer is, and for many vears will continue to be one of our major public health problems, especially in view of the increasing proportion of older people in the general population. Ranking numerically second only to heart disease as a cause of death, cancer in 1943 took about 107,000 lives in the United States accounting for about one in every nino deaths. Among white females, the disease is the leading cause of death between ages 30 and 60 years. It is obvious that the conquest of cancer will prove to be difficult and that the battle has only just begun—Statutical Bulletin March, 1948.

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# Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on ment and interest to our readers.

## RECEIVED

Periodontal Diseases, Diagnosis and Treatment, and Soft Tissue Lesions of the Oral Cavity In 2 parts By Arthur H Merritt, D D S Third edition Octavo of 256 pages, illustrated. New York, Macmillan Co , 1945 Cloth, \$3 50

Technical Methods for the Technician. By Anson Lee Brown, M D Third edition Octavo of 706 pages, illustrated Columbus, Dr Brown's School for Technicians, 1944 Cloth, \$10

Textbook of Neuropathology By Arthur Weil, M D Second edition Octavo of 356 pages, illustrated New York, Grune & Stratton, 1945 Cloth, \$550

The Basis of Clinical Neurology The Anatomy and Physiology of the Nervous System in Their Application to Clinical Neurology By Samuel Brock, M D Second edition Octavo of 393 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, \$5.50

A Synopsis of Medicine By Sir Henry Letheby Tidy Eighth edition Duodecimo of 1215 pages Baltimore, Williams & Wilkins Co , 1945 Cloth, \$6 00

An Index of Differential Diagnosis of Main Symptoms By various writers Edited by Herbert French, M D, assisted by Arthur H Douthwaite, M D Sixth edition Quarto of 1,128 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, \$17

## REVIEWED

The Intervertebral Disc. With Special Reference to Rupture of the Annulus Fibrosus with Herniation of the Nucleus Pulposus By F Keith Bradford, M.D., and R. Glen Spurling, M.D. Quarto of 158 pages, illustrated. Springfield, Charles C. Thomas, 1941 Cloth, \$4.00.

This is a 158-page monograph comprising the anatomy, physiology, and pathology of the intervertebral disc. The clinical manifestations produced by posterior protrusion of a part of a disc and the roentgenographic findings following the introduction of a radio-opaque substance into the spinal sub-arachnoid space are both adequately elaborated Treatment and expected results are fairly stated. This monograph is a distinct asset in the evaluation of sciatica.

E JEFFERSON BROWDER

The Anatomy of the Female Pelvis Including a Description of the Placenta and Its Formation and the Foetal Circulation By C F V Smout, M B, M R.C S With sections on The Histology of the Female Reproductive Tract and a chapter on Ovarian Endocrine Function By F Jacoby, M D Octavo of 190 pages, illustrated. Baltimore, Wilhams & Wilkins Co, 1943 Cloth, \$800

This is an excellent treatise on the anatomy of the female pelvis. Its value is greatly enhanced by chapters on the formation of the placenta, fetal circuation, histology of the female reproductive tract,

Medical Care of Merchant Seamen. A Handbook of Ship and Aircraft Sanitation and Emergency Medical Aid. By W L Wheeler, Jr, M D Duodecimo of 212 pages, illustrated New York, Cornell Maritime Press, 1945 Cloth, \$200

Rypins' Medical Licensure Examinations Topical Summaries, Questions, and Answers Edited by Walter L Bierring, M D With the collaboration of a review panel Fifth edition Philadelphia, J B Lippincott Co, 1945 Cloth, \$6.00

Men Under Stress By Lt Col Roy R. Grinker, (MC), and Maj John P Spiegel, (MC), Army Air Forces Philadelphia, Blakiston Co, 1945 Cloth, \$5.00

Illustrations of Bandaging and First-Aid. Compiled by Lois Oakes, S.R.N., D.N. (Leeds & London) Octavo of 270 pages, illustrated Baltimore, Williams & Wilkins Co., 1944 Cloth, \$2.00

Bone-Grafting in the Treatment of Fractures. By J R Armstrong, M D Octavo of 175 pages, illustrated Edinburgh, E & S Livingstone, Ltd., 1945 (Baltimore, Williams & Wilkins Co) Cloth, S7 00

The Art of Medicine in Relation to the Progress of Thought. By A. E. Clark-Kennedy, M.D. Duodecimo of 48 pages. Cambridge (Eng.), The University Press, 1945 (New York, Macmillan Co.) Paper, 75¢.

and the endocrine function of the ovary and pitui-

tary
The text is very lucid, interjected here and there
with descriptions of particular appeal to the practicing obstetrician and gynecologist.

The book throughout is so profusely illustrated with beautiful colored plates, photographs, and drawings, that it is a veritable atlas of pelvic anatomy, with particular emphasis on obstetrics and gynecology

One hundred and fifty numbered references in the text add still more value to this fine book.

J HALPERIN

Approved Laboratory Technic. Clinical, Pathological, Bacteriological, Mycological, Virological, Parasitological, Serological, Biochemical and Histological By John A Kolmer, M.D., and Fred Boerner, V M D Fourth edition. Octavo of 1,017 pages, illustrated. New York, D Appleton-Century Co, 1945 Cloth, \$10

It is gratifying to see a new edition of this laboratory text which has become by virtue of its inclusiveness a part of the standard equipment of the modern hospital laboratory. It is futile to attempt a detailed review of the revisions of the various older methods as well as the addition of new procedures in such a small compass, however, certain of them seem to call for comment. For example, a new sec-

[Continued on page 2344]



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[Continued from page 2342]

tion has been added on the examination of feces for animal parasites and their products. There is a new section also on the examination of blood and tissues for parasites. The section on mycologic examinations has been rewritten

In the field of bacteriology the addition of data dealing with the cultivation of the anaerobes, the identification of the clostridia, and the methods for identifying organisms of the salmonella group in relation to food infections meet the increasing demand among laboratory workers for information of this type

The format and the new type used in the printing of this edition also deserve comments, as they have resulted in a more compact organization of the book with the addition of new material and without much

increase in its size

THEO J CURPHEY

Body Poise By Walter Truslow, M D Octavo of 312 pages, illustrated Baltimore, Williams & Wilkins Co , 1943 Cloth, \$4 50

The book discusses thoroughly the essentials of good body posture for the normal proper function, not only of the skeletal system, but also of the intra-thoracic organs and the intra-abdominal organs

It is rather elementary for the orthopedic surgeon, but it may be helpful to those engaged in the field of

physical training

It seems to the reviewer that the author puts too much emphasis in the value of exercises in the treatment of scoliosis. The consensus of opinion seems to be that exercises are not of much value in the correction of scoliosis, but are of some slight help in the maintenance of the correction which has been obtained by other mechanical means

J B L'Episcopo

The Doctor's Job By Carl Binger, M D Octavo of 243 pages New York, W W Norton & Co, 1945 Cloth, \$300

This book is important, as it is the first winner of a prize offered for books on medicine for the layman It is more important because it is only when the public understands the doctor that medicine will have nothing to fear from pressure groups which strive to serve their own ends without full consideration of the complexities of the modern problem Sympathetically and engagingly written, this book is worth while

CHARLES A GORDON

A Surgeon's Fight to Rebuild Men An Autobiography by Fred H Albee, M D Octavo of 349 pages New York, E P Dutton & Company, 1943 Cloth, \$3 50

This is the autobiography of Fred Albee It tells a straightforward and interesting story. Inasmuch as Albee's outstanding contribution to surgery is the bone graft, a good deal of the book is devoted to relating experiences about its development and establishment on a sound surgical basis. The author tells of his vast experiences in bone surgery in the last war, and also of his attempts to improve Pan-American relationships

In general, this reviewer found the book very enjoyable

CARMELO C VITALE

A Bibliography of Aviation Medicine Supplement. By Phebe Margaret Hoff, Ebbe Curtis Hoff,

and John Farquhar Fulton, M D Quarto of 109 pages Springfield, Ill, Charles C Thomas, 1944 Cloth, \$2 50 (Yale Medical Library)

This volume brings up to date the bibliography of aviation medicine, published in 1942. There are 2,336 additional entries in this volume. It is highly important for the student of aviation medicine that this bibliography be available and up to date

The form follows the original volume in method of arrangement and division of subtopics Two new subdivisions relating to Survival and Rescue, and to Rehabilitation have been added

L H BAUER

Radiologic Examination of the Small Intestine. By Ross Golden, M D Quarto of 239 pages, illustrated Philadelphia, J B Lippincott Co, 1945 Cloth, \$6 00

Whereas three of the four segments of the alimentary canal-the pharynx-esophagus, the stomach, the colon—are readily visualized by roentgen-ologic methods, the fourth segment, the small intestine, is rather difficult to demonstrate in its entirety. This fact, together with a low morbidity as seen on the autopsy table, accounts for the stepchild position of the small intestine in medical minds One of the pioneer students of the subject, Ross Golden, presents his and the literature's accumulated knowledge about the radiologic evamination of the small intestine in a book that will go a long way toward dragging the small intestine out of comparative obscurity into the place it deserves readers will be surprised to learn that in addition to the better known entities, such as ileus, regional ileitis, tuberculosis, and tumors, there is a great variety of conditions with more or less characteristic changes of the small intestine—nutritional disorders, hypoproteinemia, liver diseases, allergy, parasites,

scleroderma, etc

The book furnishes directions concerning indications of disease and the way of conducting the radiologic examination of the small intestine, including the use of the Miller-Abbott tube. The scientific level of the book is high. It goes into details of physiology and embryology, and it always states with great frankness where our knowledge ends and our ignorance begins. The harassed practitioner may at times get lost in the maze of scientific facts. In future editions it may be feasible to make it easier for him to find what has direct bearing on his daily work by employing a distinguishing type of

print

The illustrations are plentiful, clear, and informative, and the legends are arranged so that the illustrations can be understood without the text

S W WESTING

The Management of Obstetric Difficulties By Paul Titus, M D Third edition Octavo of 1,000 pages, illustrated St Louis, C V Mosby Co, 1945 Cloth, \$10

This discussion of the abnormal in obstetrics has considerable merit. The two previous editions have already found high favor. Much space is devoted to some gynecologic problems, notably sterility. The author proposes a new classification of the toximias, yet it is really no better than the one now in general use. The general practitioner and the resident will like this book, which is handsomely illustrated, conservative, and thoughtful

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[Continued from page 2344]

The Medical Clinics of North America New York Number May, 1944 Octavo, illustrated Philadelphia, W B Saunders Co, 1944 Published bimonthly (six numbers a year) Cloth, \$16 net, paper, \$12 net

The symposium contains a number of separate articles dealing with the various aspects of psychosomatic medicine. All of the articles have been carefully thought out, but some seem to be a little too much concerned with the differentiation between so-called psychologic and medical aspects.

The articles by Dr George E Daniels on "Non-specific Ulcerative Colitis as a Psychosomatic Disease" and Dr Milton H Erickson on "Hypnosis in Medicine" are perhaps the best balanced and most

miormative

In general the symposium gives an excellent picture of what is perhaps the best in psychosomatic medicine today

ARTHUR SHAPIRO

Child Care and Training By Marion L Faegre and John E Anderson Sixth edition, revised Duodecimo of 314 pages, illustrated Minneapolis, University of Minnesota Press, 1943 Cloth, \$2.50

This book is another addition to the large list of books on child care. The authors are connected with the Institute of Child Welfare at the University of Minnesota. The subject matter includes advice on physical growth and development, learning, habit development, and social adaptation. There is also a list of reference books on the training of children.

The book may be recommended by physicians for the use of parents

STANLEY S LAIM

Life Overflows An Original Scrapbook Arrangement of Soothing Philosophical Thoughts By Carl Leonard Thenebe, M D Octavo of 116 pages Boston, Bruce Humphries, Inc., 1944 Board, \$2 50

Dr Thenebe has written something that is really original. Little scraps of thought are jotted down that are pearls of wisdom and gems of expression. It requires no effort to read. There is no plot or sequence to follow. Instead of chapters the book 1: divided into Pauses. It is intended as a mental refreshment between each pause.

This book can be safely placed on the bedside table of every patient

THOMAS B WOOD

The New-Born Infant. A Manual of Obstetrical Pediatrics. By Emerson L Stone, M D Third edition Duodecimo of 314 pages Philadelphia, Lea & Febiger, 1945 Cloth, \$3 25

This excellent little volume, in its third edition, is unique in that its author is an obstetrician, and it is the more valuable for that reason. There are many places in this country where the training of pediatricians has not included supervision of an obstetric nursery. And there are many obstetricians whose knowledge of the newborn is limited. The author has covered the neonatal field carefully and well. This book is highly recommended.

CHARLES A GORDON

Bronchial Asthma. By Leon Unger, M D Octavo of 724 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, \$900

This volume of 730 pages, on the subject of bronchial asthma, is divided into three sections The major portion of the text is devoted to the clinical aspects of bronchial asthma, including history, pathology, cause, diagnosis, and treatment. Theoretic considerations have been kept at a minimum throughout the book. An excellent up-to-date chapter on the military aspects of bronchial asthma is included. A laboratory section, dealing mainly with the preparation of extracts, and an appendix containing allergen sources and various types of instructions for patients, complete the volume An extensive bibliography may be found at the end of each chapter

This book can be used profitably by the student, practitioner, and specialist MAX HARTEN

Mass Radiography of the Chest. By Herman E Hilleboe, M D, and Russell H Morgan, M D Duodecimo of 288 pages, illustrated Chicago, Year Book Publishers, Inc., 1945 Cloth, \$350

The routine x-ray examination of the chest in private practice and industry is so universally practiced today that one welcomes the publication of any procedure that renders this type of study more practicable. To this end the authors have described, at great length, the development and practical application of modern photofluorographic apparatus of today as manufactured by the leading x-ray equipment manufacturers. The apparatus available for mass radiography—energizing units, fluoroscopic screens, phototimers, and automatic cameras—are thoroughly explained and discussed.

The value of detecting early pathologic pulmonary and mediastinal lesions is stressed, and the routine followed is thoroughly explained. Some forty-seven excellent x-rays of the chest portraying all types of abnormal pulmonary, pleural, and mediastinal shadows are presented in detail, with ex-

planatory notes

As this method of study is becoming more and more appreciated, the publication of this complete résumé of the subject is timely and extremely valuable. The book therefore becomes a "must" for all those interested in communal health, and will prove a valuable addition to the library of the radiologist.

MILTON G. WASCH

Textbook of Anesthetics By R J Minnitt, M D, and John Gilhes, M C, M B Sixth edition Octavo of 487 pages, illustrated Baltimore, Williams & Wilkins Co, 1944 Cloth, \$700

This textbook is recommended to the beginner in It teaches fundamental concepts of anesthesia anesthesia theory and technic from preanesthetic observation and premedication ranging through the stages of general anesthesia, and the pharmacology of the agents, to recovery including postanesthetic complications. Of greater interest are the descriptions of the various machines used by our English This book falls short in the matter of brethren An example is the very meager pharmacologic discussion of the drugs where hardly an intimation is expressed concerning their action on the various organs. The chapter on Local and Regional Anesthesia is skimpy and presents very little information to anesthesiologists, but does help on dental nerve blocks A discussion of demerol and curare might have been included The fine diction and clarity of expression make this book interesting and easy reading. This is of particular value to students of anesthesiology because all discussion is IRVING M PALLIN kept to the point



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The New York State Journal of Medicine asks its contributors to follow the suggestions listed below in the preparation of their articles. In this way they will greatly facilitate the expeditious publication of the Journal. These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof

Size of Articles —It is earnestly desired that scientific articles shall not exceed 6 Journal pages at the outside Longer articles tend to lower reader interest. An average of five or six seems to be the most desirable from this point of view. Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e.g., twelve manuscript pages will make five Journal pages.

Manuscripts —Papers must be typewritten on one side only of white sheets consecutively numhered, and be double spaced with one-inch margins. They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin. This is imperative for rapid and accurate composition by the printers.

Titles—The title should be brief and typed in capital letters. The subtitle can he longer and should he typed in caps and lower case letters. Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives. Directly under his name should be the hospital or institution with which he is affiliated.

Subheadings —Subheadings should be inserted by the author at appropriate intervals

References—It is the unfailing practice of the New York State Journal of Medicine to use specific "references" rather than "bihliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference. A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text). The arrangement should be as follows and should include all items.

a Bool s—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed, Philadelphia, Lea & Fehiger, 1927, vol. 5, p. 57

b Periodicals—author's surname followed hy

initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

NOTE The JOURNAL does not include titles of articles

Case Reports —Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables —While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page For that reason it is urged that they he reduced as much as possible to descriptive language

Illustrations —These should be kept to the minimum necessary to make clear the points to he registered hy the author. In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space and the not inconsiderable cost.

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not he larger than 12 × 16 inches, and must be made with jet black. India ink on white paper Do not use typewrier for lettering. The smallest lettering on 8 × 10 inche copy should be no less than 1/4 inch high. Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch. If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions. In the case of finely ruled paper, only blue-lined paper can be accepted. Lettering and all markings must be large enough to be readable after reduction. Mail rolled or flat, never fold Photographs should be very distinct and show clear hlack and white contrasts. They must he on glossy white paper. Avoid round and oval photographs

white paper Avoid round and oval photographs Whenever possible "crop" photographs, 1e, mark portion that can be excluded when reproduced Crop marks should be on margin of photographs Do not run pencil lines through photographs

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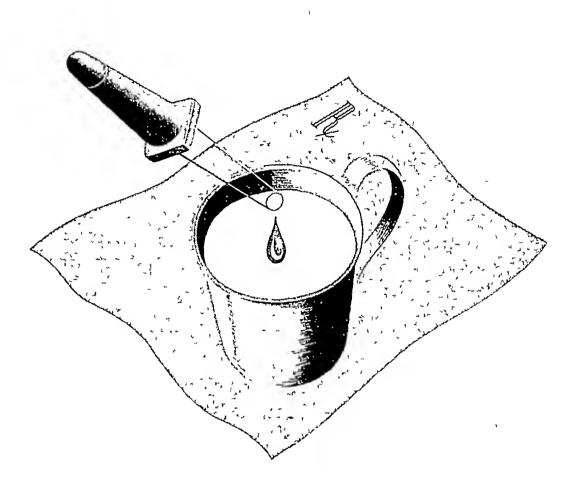


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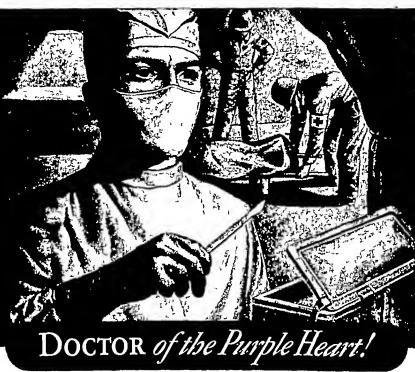
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**VOLUME 45** 

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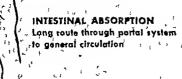
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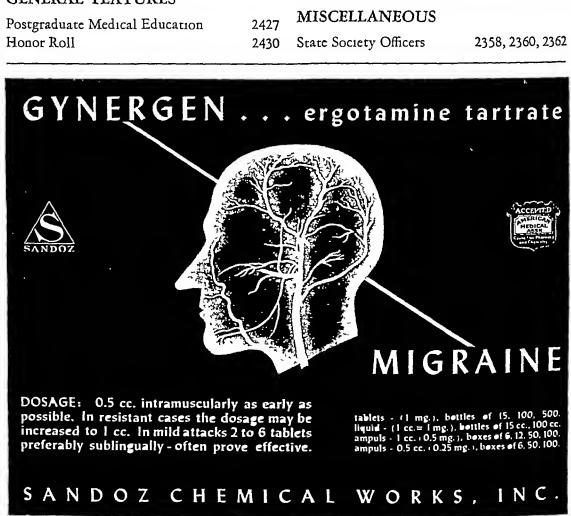
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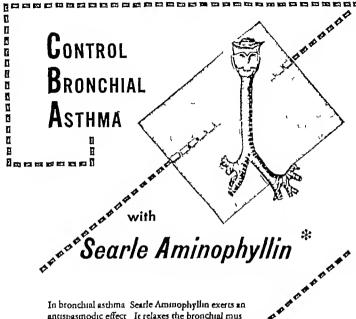




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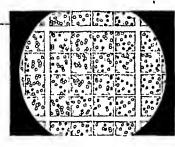
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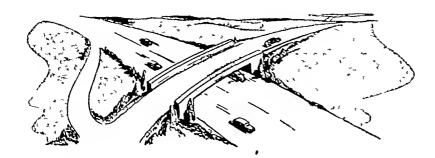
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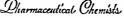
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But in the minds of many physicians candy is little but sugar What are the facts?

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During 1943 the candy industry used 250,000,000 lbs of nuts and peanuts. 10,000,000 lbs of fruits, 6,000,000 lbs of eggs, 400,000,000 lbs of milk, cream, and butter, and 400,000,000 lbs of chocolate

Whatever these foods contain of protein, fat, and the noncaloric so-called protective food factors such as vitamins and minerals, becomes part and parcel of the candies in which they are used

# THE NUTRITIONAL PLATFORM OF CANDY

- Candies in general supply high caloric value in small bulk.
- 2. Sugar supplied by candy requires little digestive effort to yield available energy
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  - a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids.
  - b) present appreciable amounts of the important minerals calcium, phosphorus, and iron,
  - c) contribute the macin, and the small amounts of thiamine and riboflavin, contained in these ingredients
- 4 Candies are of high satisty value, eaten after meals, they contribute to the sense of satisfaction and well being a meal should bring, eaten in moderation between meals they stave off hunger
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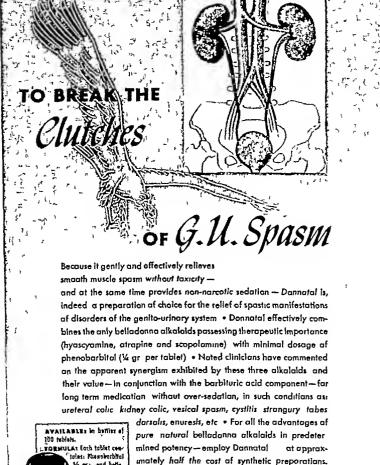
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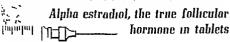
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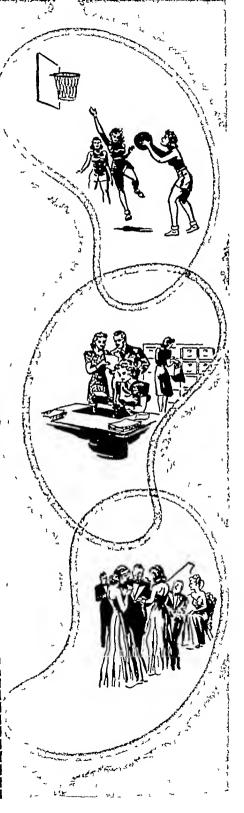
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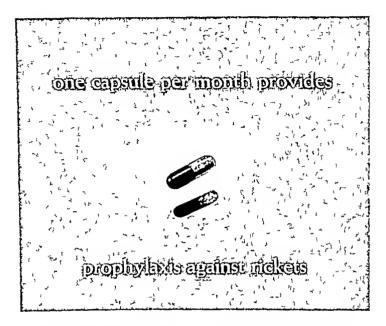
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Rambar A. C., Hardy L. M. and Fishbein, W Lt J Ped 23:31 38 (July) 1943 Wolf, I J t J Ped., 22:707 718 (June) 1943

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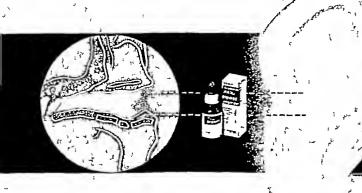
Wolf I J Med. Soc. New Jersey 38:436 (Sept.) 1941

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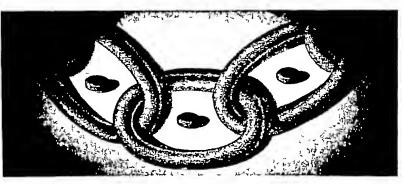
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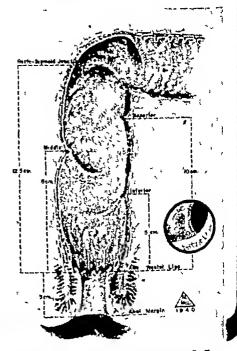
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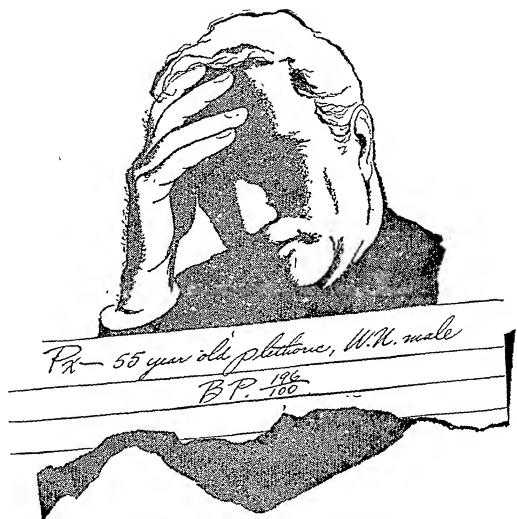
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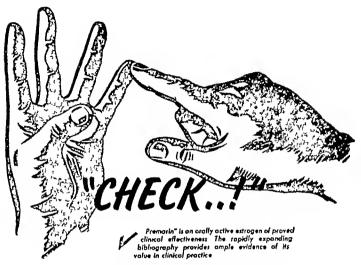
Each Squibb Basic Formula Vitamin Tablet contains, thiamine hydrochloride 10 mg, macinamide 50 mg, riboslavin 5 mg, ascorbic acid 100 mg

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1 Spies Tom D Cogswell, Robert C, and Vilter, Carl J.A.M.A. (Nov. 18) 1944 Spies, Tom D Med Clin N Am 27.273, 1943 2 Spies Tom D J.A.M.A. 122-911 (July 31) 1943 3 Jalliffe, Norman, and Smith, James J Med Clin N Am 27:567 (March) 1943

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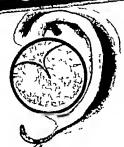
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# **FREE SAMPLE**



# ROUGH HANDS

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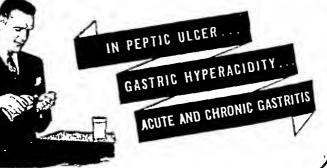
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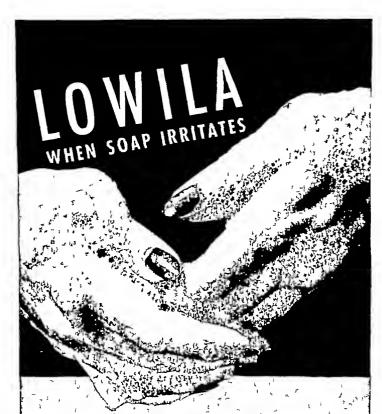
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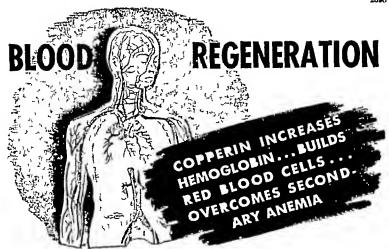
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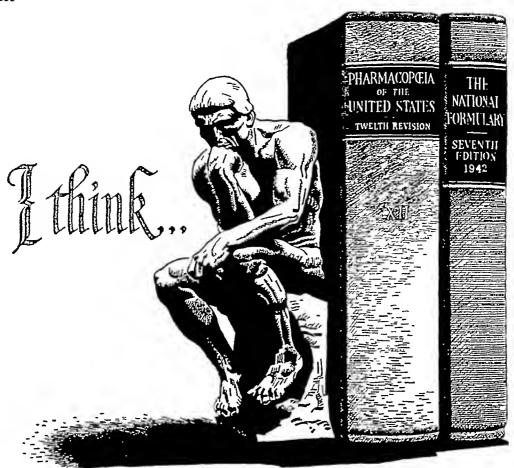
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# NEW YORK STATE JOURNAL OF MEDICINE

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# **Editorial**

## The Customer Is Always Right

It seems still somewhat difficult to get across to large numbers of people the fundamental concept of medical insurance to meet the costs of extraordinary and unpredictable illness. The customers still prefer the burlesques! Perhaps we have not approached the subject with sufficient simplicity. This could be because we have not been too sure ourselves of what we were talking about. It could also be due to the fact that we have not used the most effective means of publicity, or have used them badly

Maybe we have not had a sufficiently

good and salable product.

The growth in recent years of voluntary medical insurance plans in this state was praised by Dr Edward R. Cunniffe, president of the Medical Society of the State of New York, before the Sixth District Branch of the State Society, September 26, 1945 He predicted the development of a uniform insurance policy which would be available to people in all parts of the state

"We have accumulated considerable experience in furnishing medical care to the public through these low-cost prepayment plans," Dr Cunnific stated. "So far, there are three such plans already well established and two more in the process of organization and operation. These plans will cover every county in the state. I believe the time is at hand for all these plans to draw up a uniform policy for medical, surgical, and obstetno care in the hospital which will be available at low cost to everyone in New York State who wishes to take advantage of a plan to prepay medical care."

We still speak in the future tense of the uniform insurance policy. Well, a good deal of recent advertising has featured the plans of a postwar world and the things that people would be able to acquire in the future, ranging from improved locknuts and washers to universal peace. But you can't keep promising forever. For a while people are willing to make allowances, but there are no essential or critical materials involved in writing a medical insurance policy. Enough experience is now accumulated to satisfy actuarial figure hounds. Soon there will be released from the military services enough

doctors to service the policies competently The society is plugging for speed

Dr Cunnifie also appealed at the same meeting for the early release of medical officers from military service so that they might return to essential civilian duties

"Now that the war is concluded there certainly can be no reason for retaining medical officers other than those needed to accompany the army of occupation and a comparative few who are needed to continue their service in the military hospitals

"Conditions in the hospitals," Dr Cunnifie said, "are such that many doctors are needed at once, institutions are so lacking in medical personnel that operations are deferred, patients refused admission, and even whole floors or wards closed due to the inability to provide service. The most urgent need of doctors is in the dispensaries Certainly with conditions in the civilian community as they are, no physican should be held in military service a day longer than the interest of the nation requires."

With sufficient professional service again available to implement the voluntary medi-

cal indemnity policies there seems little excuse for delay in a unified state-wide project

Note that we still speak of insurance Possibly that is a mistake at this point The public is usually more interested in the actuality than in the plan mobile or airplane manufacturer could sell merely the blueprints of his product no matter how excellent, as blueprints, they were Yet that is to some extent what we have been trying to do Furthermore, the public is little interested in the mechanics of how insurance works Just as in buying an automobile it wants to know that it does work. how far it will work on a gallon of gas, and what the operating cost is, where service stations are located It expects to pay reasonably for the automobile, running expenses, and repairs The public, in our humble opinion, will not buy an automobile or insurance protection which operates only in one or another section of the state That is a horse-andbuggy idea which does not fit in with atomic bombs, radar, 500-mile-an-hour travel, television, or what the public thinks modern medicine should offer

And the customer is always right

# The Rh-Negative Problem

Timely recognition has now been given to a hitherto unknown cause of fatality in the newborn during the first week of life, accounting as well for many stillbirths and repeated spontaneous abortions. Within a comparatively short time it has been determined that a certain factor in the blood of the parents may bring about these results Additionally there is observed the unfortunate, often fatal, serologic reaction in a mother who may only have needed a blood transfusion.

The presence of the so-called Rh factor in the blood of about 85 per cent of the white race means that the remaining 15 per cent are without it, they are Rh negative. A couple may be ideally mated in all respects, but if the wife comes within the latter class, the results in subsequent pregnancies are generally unfortunate. The first child may be normal but later there will be abortions and malformations or the infant may be

afflicted with the dread erythroblastosis. The explanation for these results may be found in the numerous articles which have appeared in our medical journals.

A knowledge of these peculiar blood conditions should be had by every physician who undertakes maternity care. In an emergency when a mother requires transfusion or when an erythroblastic baby is born, resort has been had to the father's blood. Usually he comes in the Rh-positive group and his donation merely aggravates the condition sought to be helped. The mother has a severe reaction, often fatal, sometimes the baby dies. It is important not only that the physician be fully informed, but also that the laity be apprised of this condition. Recent articles have appeared on this subject in the lay press.

The only remedy now acceptable is Rh-

<sup>&</sup>lt;sup>1</sup> Woman's Home Companion (Sept.) 1945 Readers Digest (Oct.) 1945 p 38

negative blood, given early In every community lists of suitable donors should be available Every good obstetrio hospital service should provide itself with the necessary facilities, and county medical societies will doubtless organize blood banks in accordance with the known facts

Another somewhat radical suggestion is gaining recognition, namely, that when the premarital serologic tests are made, the Rh factor of each marriage partner be determined and its significance made clear. The Rh-negative serum necessary for this purpose is not yet available in sufficient amounts but it probably will be in time. Such advance knowledge will be of value because, while a change in blood type seems impossible from what we know at the present time, medical science undoubtedly will find means by which the results of pregnancy in such unfortunate unions can be adequately handled.

# Socialize Everything or Nothing, I

On all sides one hears. Why does the medical profession oppose socialized medicino? Not fill of the profession does. Those who do oppose it do so because they think, with good reason, that it will not work as well as the present system of practice unless everything else and everybody else is "socialized" also. Their good reason is tho way it has failed to work well in countries where it has been tried.

There seems little cause to "socialize" medicine and to stop there. Free medicine is now working well, advancing, making progress, as everyone knows, in a free economy Should we "socialize" medicine and not the patients? Should we "socialize" medicine and not the manufacturers who make the drugs, the appliances, the automobiles, the surgical instruments, the biologic products which medicine uses? And how about the labor unions whose members make the things that doctors need? Shall they be "socialized" also?

Wo do not ask these questions out of idle curiosity

This JOURNAL opposes socialised

We believe we correctly represent the attitude of the Medical Society of the State of New York when we do so And the attitude of the Society is the majority opinion of its membership

If this country is heading toward conversion to a socialist republic, we had better know about it. If it is true, as Lincoln said,

that we cannot exist half slave, half free, it seems absurd to think we can exist half socialized, half free, no matter who says so We paid the price of n civil war to settle the first question—what price this one? An inswer to this seems called for

In homoly phrase, it's "whole hog or none" Medicine is only a tiny, if nubbly, minority of the electorate, probably not really worth the trouble to socialize—except as an experiment, a trial balloon so to speak. If it can be "socialized," if the acceptable political and other technics can be thus worked out as, for instance, they were in the "laboratory war" in Spain, then the other professions, as well as business and manufacture, can be subsequently "blitzed" Underneath the double talk lies the single objective.

Well, if it is to be that way, maybe we had better think about it. Things like the Wagner bills, the Pepper bill, E M I C, are handy tools to toss into the machinery of a free economy. Perhaps nobody but the doctors will object to them—until it is too late. Seen against the background of the recent elections in Britain, the rising tide of socialist influence in Europe, the growing dominance of labor in American politics, it is not surprising that attempts should be made, under whatever guise, to convert this country to a socialist republic. Technics of boring from within established political

Confusion in the parties are well known popular mind between socialism, communism, democracy, and republicanism has been worse confounded by attempts to explain their differences

The first great American dependency was created following the panic of 1929 learned to look to ever-loving government for their very existence in many cases myriad alphabetic agencies sprang up with sprightly benevolence during the liberation period of Congress to assume the guardianship of the individual rights and privileges of the taxpayer-citizen in a difficult era, to be later superseded by the regulatory governmental mechanisms of the war years Crisis followed serried crisis for some reason, lurid interagency civil war filled the citizen with respect for constituted authority as soon as he recovered from his nausea

Now it is proposed to lure the voting taxpayer into forgetfulness by giving him everloving government medicine, "socialized" medicine You don't believe it? Well, look at H. R 3293 or S 1050. Don't bother your congressman or senator to send you a copy of the bills Don't you know there's a -peace on? Everything is lovely now

# Current Editorial Comment

# Of This and That

Cosmotarianism. Possibly as a sequel to the atomic bomb, possibly for no such prosaic reason, it appears that Mr Bernarr Macfadden, once a publisher and always a publicist, now devotes his undoubtedly great talents to Cosmotarianism—a Religion

of Happiness

According to a modest little folder reaching this office Mr. Macfadden, from the Cosmotarian Church, Inc , 535 Fifth Avenue, New York, conducts a seedling enterprise with vigor every Sunday at 11 AM. at, of all places, Carnegie Hall He opens modestly, it appears, with "When Religion Brings Race Suicide," on September 16, and wows those who are still conscious seven days later with "Science (?) of Medi-cine" That, at least, was our information on September 10 But—on September 20 we were advised by post card of a crystallization of the Cosmotarian attitude toward our profession, or at least the scientific department thereof The title of the address on September 23-admission freewas changed to "The Murderous Science of Medicine." Apparently, between the first and second announcement all doubt, implied by the question mark in Number 1. had been somehow resolved The Science of Medicine on September 23 is definitely murderous, no ifs, ands, or buts about it

Obviously there was no point in attending the lecture—admission free The matter had already been settled However, good publicist though he is, it occurred to us that Mr Macfadden might not have circularized all the physicians of the state His conclusion seemed so definite, so unqualified as to be important news Under the circumstances, we should be derelict in our duty to the profession and to the public if we delayed in relaying this important news to our subscribers Murder is involved, as alleged

To many it will come as a distinct shock, to others as a revelation of the first magnitude It is, of course, backed up by proper research and documentation will probably appear in subsequent revelations to be made to the local police, the FBI, and the Attorney General. As good citizens we demand that this be done Murder is still a crime and it is our stern duty to must that the law take its course As the accused party Mr Macfadden will be the first to admit that the choice of weapons is ours. And we choose full and complete disclosure of all the facts

Nursing Homes "These so-called nursing or convalescent homes that've gotten to be so common in recent years—I don't know how we ever got along without 'em back in the old days And the urgent need they're filling—I never realized it so much as I have during the war, with the general hospitals overcrowded, practically no private duty nurses to be had, and the doctors having trouble getting around fast onough to see

everybody that needs 'em.

"It helps a lot being able to see several patients in one place and on the whole—most of the places I'm acquainted with—they've been getting reasonably good care. It's better, anyway, than a lot of 'em could've gotten at home. And you take old poople, the chronic cases, folks that aren't acutely sink and so on—the general hospitals, even when conditions were normal, they couldn't keep 'em very long. And, for that matter, having to be in a hospital a long time—lt runs into more money than most people can afford So they're a valuable institution, especially in our small towns.

"But, just as you'd expect with these homes springing up the way they have, there's all kinds, some good and some not so good—and occasionally one, I guess, that's pretty had. So it's getting where there ought to be some regulation of 'em—some standards and what not. Of course the welfare departments—the places where they're paying for cases, they require 'em to meet certain standards. But aside from that and a few places where they have local ordinances covering 'em, so far as I can find out it's a

case of go as they please

"If the State was going to require 'em to be heaned and set up standards they'd have to meet, I'd figure the standards should be fairly flexible. They ought to be in buildings that're safe and sanitary Taking 'em by and large, they should be well equipped and have a registered nurse in charge and all that.

"But some of the smaller places, even if you can't have all the 'fixin's,' it's a blessing, sometimes, just to have some respectable place where you can send a patient, where they can go to bed and have an intelligent woman to wait on 'em and give 'em their pills So I'd favor fixing it so't where they can't have the best they can still have the best they can "

The foregoing extended quotation is from the Bulletin of the New York State Department of Health, August 2, 1945 We have quoted it in extense because we feel that there might be some question as to the conduct of these "homes" If their facilities fulfill a real need at this or any other time, there certainly should be some regulations provided for their proper conduct.

It is true that they seem to afford a refuge in time of need, but being without formal medical supervision, procedures are permitted which would be banned elsewhere. It should be possible to develop community supervision, not only as to physical equipment, but also as to medical control, in order to avoid some of the practices which have been the source of justifiable complaints Such supervision should be equally beneficial to their patrons whether these be patients or doctors.

Sound advice issues from New Jersey's Bureau of Industrial Health. It distributes the following bulletin, with the note

"It's that season again-the "Please Post" time for colds. Because nearly everyone has them, we are likely to take them for granted The fact is many of us have colds needlessly You don't have to have a cold And if you get one, it doesn't have to drag on 'til spring Here are some suggestions (1) Stav away from others who have a cold, especially during the first days. (2) Use a handkerchief or paper tiesues over your mouth and nose when you anecze. (3) Wash your hands often especially before eating. (4) Eat a good breakfast. And watch all three of your meals to see that the food is proper and sufficient. (5) Get plenty of sleep Most people need at least eight hours daily (6) If your job keeps you sitting most of the time, get exercise after work. (7) Wear enough clothes to keep warm outdoors. Take off your outer clothing indoors. (8) If you are catching a cold, go to bed. Keep warm. Drink fruit julces and milk and water Take only light foods. (9) If you feel feversh, have body aches or weakness, or chest pains, call you family doctor Your cold may be flu or pneumonia. Get medical care, and get well quickly Why no talk of cold shots or vitamins? Often they help But no cold vaccine can give protection against all the causes of colds. And no vitamin gives specific immunity to colds they only help build resistance. Regardless of whether you are taking cold vaccine and vitamins or not, the above suggestions still need to be followed They are time-tested They are the measures of good living that will help you this winter season"

Physicians might profit from this advice as well as workers in industry We can think of no group of men and women who disre-

gard more recklessly the sage advice they dispense to others The  $J A M A^{-1}$  reports the deaths in 1944 of 3,172 physicians Among these, 238 deaths were attributed to "Heart disease," says the pneumonia Journal, "continues to lead the causes of death among physicians In compiling these statistics, the usual procedure of including primary causes and contributory factors was followed Coronary thrombosis and occlusion were responsible for 638 deaths in 1944 as compared with 598 in 1943, 250 occurred in the age group 60-69 Diseases of the myocardium and pericardium totaled 193, angina pectoris and other coronary diseases, 135, chronic heart valvular and rheumatic heart disease, 28, subacute bacterial endocarditis (except rheumatic fever), 4, and other diseases of the Cérebral hemorrhage, thromheart, 403 bosis, and embolism were responsible for 366 deaths, arteriosclerosis for 186, and cardiovascular diseases for 72"

Industrial Medicine for January, 1944 quotes Walter C Alvarez, M D,<sup>2</sup> on the subject of "Nervous Breakdowns"

"Many of the people who come to me with complaints of indigestion really have a nervous breakdown, but they do not tell their history in such a way as to make this apparent How does one recognize a nervous break? Only by asking a few essential questions Curiously, able young assistants usually fail to find out the most important thing about a patient, namely, that he has not worked for one or more years And, if they learn this, many do not think to ask why he does not work If they had, he would probably have said, 'I just can't face people If I were to try to talk to a customer I would get littery and have to excuse myself' Very helpful is the discovery that these people cannot read By way of explanation, they say they are not interested enough, or the letters run together, or they forget a paragraph as soon as it is read. Often such a person cannot stand even listening to the radio. or going to a movie At a movie he soon gets tense and has to go out Some get overly emotional, and cry They cannot make decisions at the office, and their work suffers Usually they cannot sleep well at night They are urntable and 'fly off the handle' easily person with such symptoms has, primarily, a

2 P 48

nervous breakdown, his brain isn't working right"

It is interesting to note that these people are disinclined to read The ability to read and to write is one of the most recent acquisitions of the human race phylogenetically speaking It is not remarkable that this art should be lost, this recent skill should be blunted, by disturbances of the nervous system, rather, it is to be expected Most skills are lost in the reverse order of their acquisition We wonder about listening to the radio or going to the movies This type of eye and ear entertainment is at times intolerable even to persons of presumably normal nervous structure and function may be that we have not yet acquired the necessary equanimity, as a race, to withstand the assaults of the products of our technology, many of which are repugnant to persons of discrimination The radio programs are replete with references to various psychosomatic disorders, insistently and repetitiously replete, we may add, with not too subtle references to the ills that flesh is heir to, ranging from the Olympus of constipation down to the valley of the shadow of death without benefit of vitamins While the movies, at which the patient "becomes tense and has to go out," or to which he cannot summon the courage to go, parade horro and crime plots which might well produce insomnia in a well person, to say nothing of increasing the irritability and sleeplessness of anyone who might have survived the ordeal by radio

A Hint for Discussants A correspondent of Medical Economics writes to the point

"My pet peeve at county medical society meetings is the so-called discussant. Often, he has been given no inkling of what the speaker is to say, so he prepares another short paper on the same subject—adding nothing to the principal essay. Sometimes he prepares nothing at all—and is a poor speaker to boot. Not infrequently he has been assigned the job solely because he happens to practice in the same field as the speaker."

That seems to cover the subject ade-

quately

<sup>&</sup>lt;sup>1</sup> Vol 122, No 2, Jan 13, 1945, p 90

<sup>&</sup>lt;sup>1</sup> Medical Economics, Vol. 22, No 10, July, 1945

### TROPICAL DISEASES WITH SPECIAL REFERENCES TO FILARIASIS (WUCHERERIA BANCROFTI)\*

H W Brown, MD, New York City

(Professor of Parasitology School of Public Health of the Faculty of Medicine, Columbia University)

THE far-flung nature of the recent war exposed American servicemen to many exotio and tropical diseases, and official reports indicate that injection in varying numbers has been ex-The introduction of some of these perienced diseases into the United States in returning soldiers has already been reported, for example, malaria, filariasis, schistosomiasis, kala-azar, and dysentery Experience in the last war suggests that leprosy may appear in a small number of our returned troops after the incubation period of several years. Although the early diagnosis and adequate treatment of these individual cases is important, it is also necessary to evaluate the probability of the spread or establishment of these diseases in the United States. In the transmission of some of these diseases an insect vector is necessary and in the case of malaria and filariasis it is already present in the United States. Insects of the genus (Phlebotomus) that transmit kala-azar do not appear to be widespread or abundant in this country The teetse fly, which transmits African sleeping sickness, is not found in this country and every effort is being made to exclude it

Excreta-borne diseases such as dysentery and typhold fever are already present in the United States and their spread on a wide scale is prevented by our general high standards of sanita-It is possible that localized breakdown in samiation may lead to infections, carriers being the source of the pathogenic organism

Alertness to the possibility of a tropical disease in patients will probably rapidly decrease in the minds of many medical men It should be remembered, however, that the incubation of some of these diseases may be months (kalaaxar) or years (leprosy) The effects of schistosomiasis (blood finke) may not become apparent for fifteen to twenty-five years after the original infection, and malaria may remain dormant in an individual for years

Infection with filaria, Wuchereria bancrofts, has been one of the more important military medical problems and will be discussed in some detail, as it illustrates many of the problems that certain of the so-called tropical diseases have in

Filaria infections and elephantiases due to W bancrofti have not been of especial concern to the

\* Presented at a meeting of the Fifth District Branch at Onelda, September 18 1945.

only immediate contact and experience with the disease was in the small endemic area in Charleston, South Carolina The global nature of the present war, however, has exposed our armed forces to diseases not commonly present in the United States and reports malicate that our troops are exposed to filarial infections and that numbers have become infected 1,2

American public despite the widespread distribu-

tion of this condition throughout the world Our

#### The Clinical Picture of Filariasis

The human reactions to filarial invasion are extremely varied and it is impossible to predict the course of an infection. It appears that persons exposed to infection from infancy respond differently from those infected for the first time as an adult. Since the disease may run a course from infancy through old age of an individual it may vary greatly in its chinical manifestations Broadly, however, the results of filarial infection may be classified as follows

- 1 Asymptomatic
- 2 Inflammatory
  - (a) Inflammation seen early in the infection, as in American servicemen in the Pacific area
  - (b) Inflammation late in the disease, often associated with varying degrees of elephantians
- Obstructive infections, known as elephantiasis
- Asymptomatic Filarians -In endemic areas a large number of the natives are infected with W bancrofti and in due time exhibit microfilariae in their blood without experiencing symptoms referable to the infection On physical examination the patient may exhibit a general glandular enlargement, especially of the inguinal lymph glands. In time the adult worms die. and the microfilanae disappear without the pa tient being aware of the infection I recently encountered a Virgin Islander with an infection of 23,240 microfilariae per cc of blood (Fig. 1), yet this patient, except for a slight general glandular enlargement, had no signs nor experienced any symptoms referable to his filarinfection. If all the microfilariae in 1

were placed end to end they would 11 miles, yet his physic-

that he was inducted u

Army A blood survey of



Fig 1 Asymptomatic filariasis I O, age 17 years. 23,240 microfilariae (W bancrofu) per cc of blood Total length of microfilariae in blood stream is 11 miles. He has had no symptoms referable to his infection and physical examination revealed only a slight general glandular enlargement.

of military age from St Croix, Virgin Islands, demonstrated that 20 per cent of them were infected with filaria, yet practically all of them were totally unaware of their infection

2. Inflammatory Filariasis—The inflammatory reactions of filarial infections may be an



Fig 2 Elephantiasis O C, age 30 Elephantiasis of scrotum and penus Microfilariae absent from the blood Elephantiasis is usually found only in persons repeatedly reinfected and presumably is infrequently the end result of light infections such as our troops are experiencing

allergic phenomenon due to a sensitivity to the products of the worms or to a superimposed bacterial infection, possibly streptococcic Inflammatory reactions to filarial infections have recently occurred in army and navy personnel from one to fifteen months after exposure to mfection in the Pacific 1-1 These recurrent attacks which occur at irregular intervals are characterized by funiculitis, epididymitis, orchitis, retrograde lymphangitis of extremities, and localized areas of swelling and redness of the arms and legs Fever, chills, headache, vomiting, and malaise may accompany these attacks, which may last from several days to two weeks Rome and Fogel and Zeligs have reported a group of psychosomatic manifestations among navy personnel with the inflammatory type of filarıasıs

Somewhat similar acute attacks may occur at monthly or longer intervals for years in patients with or without elephantiasis. Thus, one of our patients from Martinique with a slight enlargement of one leg gave a history of acute attack every month or six weeks for forty-six years

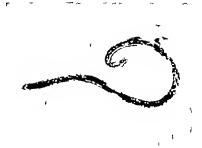
The acute inflammation was limited to the affected leg and ingunal nodes on that ade. It is not unlikely that etreptococci have a role in such reoccurrences

Obstructive Filariasis or Elephantiasis -Elephantiasis is the dramatic end result of filariasis which many mistakenly believe is the inevitable termination of every filarial infection Fortunately, to the contrary, the grossly enlarged scrotum or legs are the exception rather than the rule. The obstructive types of filan ams usually follow years after the original infection and usually are preceded by recurrent acute Adenovarix, hydrocele, chylurocele, and elephantiasis of the legs, scrotum, arms, hreasts, or vulvae are end results. The rate of growth of these enlargements may be slow and proceed over many years Growth may be rather rapid, however, as in the case of a patient I saw recently whose apparently normal-sized scrotum enlarged to weigh 14 pounds in approximately a year due to actual tissue growth (Fig 2) Microfilariae are frequently absent from the blood of the patients in these late stages of the disease, as is illustrated by the result of thick bloodsmear examination of 30 of our elephantiasis patients, in only 30 per cent of whom were microfilariae demonstrable. A moderate eoanophilia may be present during any etage of the filarnal infection.

Elephantiasis is usually seen only in persons living in endemic areas who are exposed to repeated filanal infections year after year—natives who sleep without any protection against mosquitoes all their lives. Even with repeated infections usually only a small proportion of them develop elephantiasis, although in certain Pacific areas the elephantiasis rate is high.

# The Course of Filariasis in American Servicemen

Early in the war in the Padific a considerable number of our servicemen experienced filarial infections of the early inflammatory type. Under the rigorous activities of duty and the hot climate many were physically incapacitated Naturally the men who saw elephantiasis, an end result of the infection, all around them were greatly concerned, as were the responsible military authorities Under tropical conditions these patients had repeated acute filanal attacks, however, they were wisely removed to an area in the United States with a mild climate and their activity limited Zeligs, who has followed the course of the disease in hundreds of these patients at the Marine Barracks at Klamath Falls, in August, 1945, reported that the disease runs a selflimited course and after several clinical reactivations burns itself out. There was no demon-



F10 3, Microfilaria of W bancrofts from the blood showing the sheath. Length varies from 250 to 300 a.

strable impairment of sexual function and severe or incapacitating sequelae occurred in only 0.7 per cent. Coggeshall's studies' likowise indicate that the prognoss in infected servicemen is excellent. Only in a very few of the many hundreds of infected servicemen have microfilariae been demonstrated in the blood? Since there is a good deal of mystery surrounding this disease and since the genitalia are often temporarily infilamed, those affected should be assured of its nonvenereal transmission and of the good prognosis when the patients are removed from endemic areas.

#### The Diagnosis of Filariasis

Clinical Diagnosis.—The clinical diagnosis of filariasis will depend upon a history of exposure to mosquitoes in endemic areas in conjunction with the clinical findings discussed above.

Laboratory Diagnosis —The blood of patients with clinical filariasis does not always contain microfilarias. From twelve to eighteen months presumably elapse from the time of infection until the worm matures and produces microfilariae, hence, during the early months of clinical inflammatory filariasis the microfilariae will not be found in the blood. Likewise, late in the disease, by the time elephantiasis is present the adult worms and microfilariae may both have died out

Except for W bancrofti infections acquired in certain areas of the Pacific the microfilanae may be tenfold as abundant from 10 00 P.M. to 2 00 A.M. as any other time, hence, this is the best time to draw blood for examination. There are several methods of examination of the blood

1 Examination of Fresh Blood The simplest method of examination is to secure on a

TABLE 1 —Effect of Intramuscular Injections of Anthiomaline on Wuchereria Bancrofti Infections

Case No	Age	Wt. in Lbs	Treatment Period— Days	Total Ml Drug	Before Treatment	After Treatment	ia Count—0 1 4-5 Months After Treatment	Ml Blood— 12 Months After Treatment	24 Months After Treatment
1	23	118	18 17	19 7	86	109	14	44	19
4	70	126	17	43 5	208	1 21	6	_	
5	11	68	28	46 5	1,666	. 3	8	1	0
9	19	132	20	<b>55 5</b>	12	42	12	23	6
17	17	140	19	49	2,324	14	72	103	
18	16	86	18	35 5	1,100	25	159	86	22
$\bar{2}\bar{1}$	11	76	18	32	756	18	0	0	1
$\bar{2}\hat{2}$	$\bar{2}\bar{1}$	96	7	15 '	120	8	1	29	37
23	28	155	26	76 5	159	1	0	0	Ö
24	16	110	16	29 5	236	68	33*		=
25	<b>3</b> ĭ	125	17	42 5	234	58	34	23	0
ÃW	29	159	. 25	73 0	498	92	85	17	-
ĜŴ	20 20	130	• 21	73 5	72	3	10	-6	
Ľ. Š	28	180	26	76 5	$\dot{2}\dot{2}$	Ď	10	ŏ	
M.	28	170	28	61	23	9	28	18	
Ď D	14	125	26	76 5	513	73		$\tilde{57}$	

<sup>\*7</sup> months after treatment.

slide a drop of blood from the finger, apply a covership, and examine it immediately under the low power of the microscope for the actively moving microfilariae (Fig. 3) Microfilariae range from 250  $\mu$  to 300  $\mu$  in length

2 Examination of Stained Blood Either make a thick smear as for malaria of blood secured from the finger or secure 0.1 cc of blood in a tuberculin syringe from an arm vein and spread over a 1 by 3 inch slide. After drying, stain with Giemsa for forty-five minutes and destain ten minutes in water buffered to pH 7.2. Dry slide and examine under low power of the microscope (Fig. 3). To prepare Giemsa stain add 1 cc of concentrated stain to 50 cc of water buffered to pH 7.2. The examination of a single slide (0.1 cc of blood) will detect infections with approximately 50,000 microfilariae circulating in the blood.

3 Concentration Method To detect light infections or to follow the results of experimental therapy a sensitive technic is the concentration method of Knott \* One cc of blood is added to 9 cc of a 2 per cent formalin solution in a 15 cc conical centrifuge tube The formalin solution lakes the red blood cells, greatly decreasing the After centrifuging at high speed for several minutes the supernatant fluid is decanted and the sediment smeared over a 1 by 3 slide This preparation can be examined directly or allowed to dry and stained with methylene blue or Giemsa before examining Since 1 cc of blood is examined this method should detect microfilariae when as few as 5,000 are present in an adult patient

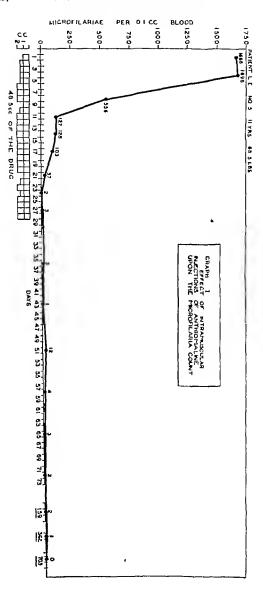
# Intradermal and Serologic Diagnostic Tests

The diagnosis of early clinical filariasis before the microfilariae appear in the bloodstream may be greatly aided by intradermal and complementfixation tests Recently Bozicevich and Hutter, using an antigen prepared from the dog heartworm, Dirofilaria immitis, have shown that intradermal tests with this antigen in 1 8,000 dilution is a highly useful diagnostic procedure. Similarly Culbertson, Rose, and Demarest, 10 using antigen prepared from the cotton-ratifilaria, Litomosoides carini, found a high correlation between positive responses and filarial infections. The complement fixation test of Fairley 11 may also be a useful tool in the diagnosis of early filariasis.

## The Treatment of Filariasis

It is common knowledge in endemic filarial areas that rest and moving to a cool climate aids greatly in reducing the severity and numbers of the acute attacks. On the other hand, strenuous exercise under tropical conditions leads to exacerbations of the lymphangitis. The experience of the Army and Navy has borne this out Although mere changes in climate will not kill the parasite and thus perhaps cure the patient, there is no doubt that a cooler climate improves the general well being of infected persons, which in turn may be reflected in the total course of the

Numerous drugs have been tried in the treatment of early filarial infections. Occasionally the treatment has resulted in a temporary decrease in the number of microfilariae circulating in the blood stream, but the adult worms were not killed, for they continued to produce microfilariae. Several of the drugs that have a temporary action on filarial infections contain antimony. Recently, I treated a group of filaria-infected persons with the trivalent antimony compound, anthomaline (lithium antimony thiomalate), with promising results. The treatment consists of daily intramuscular injections of 3 cc of the drug for two to four weeks. The results of treatment were followed by microfilarial counts.



on the patients' blood for two years following treatment. It will be seen from Table 1 that with the exception of patients No 9 and M, all of the patients experienced a marked reduction in microfilarial counts Graph 1 illustrates the rapid initial drop in microfilarial count with the later slower decrease The question arises, of course, whether the drug kills only the microfilariae for the adults as well It is believed that both are killed, for if the adults were not killed they should produce microfilariae and in time their numbers in the blood approximate that before treatment It is possible that the drug kills the microfilariae and permanently sterilizes the adult worms without killing them Toxic manifestations of anthomaline, consisting of vomiting. joint pain, slight fever, and rash, were experienced by a number of the patients but were not of sufficient severity to preclude continued use of the drug

Culbertson, Rose, and Oliver-Gonzalez<sup>13</sup> recently reported on the use of neostibosan, a pentavalent antimony compound, in 30 patients Using the microfilaria count as the criterion of cure, they report 7 of the patients became negative and 8 had microfilarial reductions of from 83 to 97 per cent. The remaining patients had reductions of from 69 to 7 per cent, and one patient showed an increase in microfilariae. They found neostibosan nontoxic and suggest that even more effective therapy may be secured with larger doses.

Sulfonamides have been used in the treatment of the acute reoccurring lymphangits and cellulitis of filariasis with some success <sup>14</sup> The activity of these drugs is probably upon the streptococci and other bacteria that participate in the cause of the attack. With sulfonamide therapy the patient's fever and malaise subside much more rapidly than the localized inflammation of the leg or scrotum Pons<sup>15</sup> and Advies<sup>16</sup> have both reported some success in treating acute filarial lymphangitis with streptococcal vaccines.

Surgical alleviation of elephantiasis may be successful, but constitutes an admission of failure of early treatment. Removal of the greatly enlarged scrotum frequently gives very good results. Surgery on elephantoid legs consisting of removal of tissue and an attempt to anastomose the superficial and deep lymphatics, although sometimes effective, leaves much to be desired.

# The Introduction of Filariasis into the United States

The introduction of filariasis by returning troops and the establishment of endemic foci in this country is a matter for careful consideration. A number of species of mosquitoes belonging to the genera Anopheles, Aedes, and Culex appear to

be effective vectors of Bancroftian filariasis Filarial development takes place readily in two species of mosquitoes, Culex quinquefasciatus and C tarsalis, prevalent in parts of the United States 17 18 There are also a number of mosquito species here that have been infected experimentally in other countries with W bancrofti transmission of filamasis by mosquitoes is somewhat hazardous to them Heavy infections may result fatally to the mosquitoes Further, there is no multiplication of the parasite in the mosquito as there is in malaria, hence the mosquito must secure from human blood a microfilaria for every worm it transmits to a new victim Further, it is believed that the infectious larva is not injected into the blood stream of man by the mosquito but is merely deposited upon man's skin and must make its own way into the blood These factors militate against successstream ful transmission from man to man In general it appears that an abundance of vectors and human carriers are needed for successful transmission of the parasite In many parts of the United States, although mosquitoes are considered to be a pest and very abundant, their numbers do not begin to approach that found in heavily filaria-infected areas It is possible, however, that through a fortuitous combination of all circumstances, a mosquito might bite an infected individual in this country and live to reinfect another person Dunn<sup>19</sup> reports such an infection in Philadelphia, Slaughter tells of two from Alexandria, Virginia, and Mastin<sup>21</sup> reports one from Mobile, Alabama Presumably these infections were acquired in these areas On the other hand, these areas did not become endemic centers

A number of years ago a large group of Negroes from filaria-infected areas were brought into Charleston, South Carolina. Due to the climate there, the mosquito vector, C quinquefasciatus, can breed much of the year and in the early days before mosquito control they were unusually Thus, the unusual combination of a abundant large number of filaria-infected individuals and a large number of mosquitoes much of the year resulted in the transmission of filamasis to a considerable number of persons in Charleston A survey made there by Johnson<sup>22</sup> in 1915 of 400 individuals composed largely of routine hospital admissions revealed an infection rate of 19 25 per He also reported a questionnaire survey cent that uncovered 213 cases of elephantiasis Within the last few years control measures to eliminate mosquitoes in the Charleston area have been pushed vigorously and the screening of homes has become much more prevalent reasons and possibly other reasons, the transmis-

<sup>\*</sup>The photographed "microfilaria" appears to be a vegetable fiber

sion of filariae in the area has practically ceased and no new infections have occurred in Charleston in the past few years. In other words the infection is dying out. If, under the more or less ideal conditions of climate and a large initial infection, this infection died out in Charleston, it does not seem likely that it will spread widely in the South or at all in the northern areas of the United States where mosquitoes are found in oumbers only during the hot summer months

Filaria infected persons have been reported from Columbia, Beaufort, and Georgetown, South Carolina, Jacksonville, Florida, Mobile, Alabama,14 Philadelphia, Pennsylvania;12 and Boston 24 These persons all give a history of having lived in Charleston, South Carolina or having come from a filarial area in the tropics. No endemic foci or secondary cases arising from these infections have been reported, although the climate of several of these areas is very favorable for mosquitoes and they are found in considerable ahundance. In recent years thousands of Puerto Ricans and Inhabitants of other infected Caribbean countries have entered the United States and made their homes here. We have found that some of these individuals harbor large numbers of microfilariae in their blood, but to our knowledge they have not been the cause of additional cases of filariasis in this country

It is believed that the evidence at hand can be summarized as follows. It is possible that returning filaria-infected troops may transmit, through mosquitoes, their infection to other individuals in this country This occurrence, however, is rather unlikely and although we should be aware of the possibility and do what we can to prevent it, it does not appear likely to be of any great importance, especially since only a very small number of the servicemen have exhibited microfilariae in their blood etream

I wish to thank Dr Norman D Thetford, Chief Medica Officer St. Croix, Virgin Islands, for enabling me to study his patients and for his aid in the therapeutic atudies. This atudy was made possible through the financial support of the John and Mary R. Markle Foundation.

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### THE LOUIS LIVINGSTON SEAMAN FUND

The New York Academy of Medicine announces the availability of the Louis Livingston Seaman Fund for the furtherance of research in bacteriology and sanitary science. One thousand dollars is available for assignment in 1945. This Fund has been made possible by the terms of the will of the late Dr Louis Livingston Seaman, and is administered by a Committee of the Academy under the following conditions and regulations
1 The Committee will receive applications from

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New York. 2. The Fund will be expended only in grants in add for investigation or scholarships for research in becteriology or sanitary science. The expenditures may be made for (a) securing of technical help, (b) aid in publishing original work, or (c) purchase of necessary books or apparatus.

# UREMIA. DIAGNOSTIC PITFALLS AND THERAPEUTIC PROBLEMS

JACOB SACHS, M D, Brooklyn, New York

(From the Department of Medicine, Israel Zion Hospital)

TREMIA may be defined as a state of intoxication associated with retention of It usually follows true urinary constituents renal failure, but it may also be due to insufficient elimination of urine caused by prerenal or postrenal factors It manifests itself by a toxic component consisting of headache, vomiting, and anemia, and also by physiologic disturbances such as acidosis, dehydration, and hypocalcemia There is seldom any difficulty in recognizing uremia when it is preceded by Bright's disease or by a period of anuria Not infrequently, however, it masquerades as some type of cerebral, cardiac, or gastrointestinal disease and its existence is then either unsuspected or it is detected too late for effective therapy The following briefly described cases have been selected to illustrate some diagnostic pitfalls and therapeutic problems of this condition

# Case Reports

Case 1 -S B, an 82-year-old man, developed mental deterioration, change in personality, voiniting, and marked anorexia for two months which did not respond to treatment I saw him at home on January 20, 1944 and learned that during the preceding four months he had had urmary frequency, dribbling, and incontinence Examination by a urologist revealed a large prostate, distended bladder, a large amount of residual urine, and incontinence from overflow After palliative local treatment and bladder decompression, the appetite returned. vomiting ceased, and the blood chemistry was normal, but there was some residual mental confusion Quinby1 states that dyspepsia in an old man is frequently due to an overfilled bladder which the patient does not realize is present After urmary retention is relieved, whether or not he is completely relieved depends on the renal function

Case 2—B F, a 70-year-old man, had lymphatic leukemia for five years, coronary sclerosis four years, and had been treated by a genitourinary specialist for prostatism for the past three years. On February 15, 1939, medical examination revealed well-developed uremic symptoms of headache, vomiting, diarrhea, and twitchings, with a blood chemistry percentage of 78 mg of urea, 4.8 mg of creatinine, 6 1 mg of uric acid, and 99 mg nonprotein introgen. He was sent to the hospital on February 17, 1939, where he was treated by bladder decompression and hydration, but he died three days later from a coronary episode.

Case 3—S K., a 60-year-old tailor, had had hypertension and coronary sclerosis for ten years and untreated prostatism for three years For four weeks he complained of increasing headache, yomit-

ing, intractable hiccup, and diarrhea. On May 28, 1943 he had hypertension, fibriliary twitchings, mild albuminuma, and 116 mg of urea in 100 cc of blood. He was sent to the hospital on May 30, 1943, but did not respond to bladder decompression and venoclysis. He died in uremia four weeks later. Autopsy was not obtained

## Comment

The above cases emphasize the unportant role played by bladder-neck obstruction in causing azotemia and in producing symptoms unrelated to the genitourinary tract In 30 per cent of these cases reflex gastrointestinal symptoms predominate,2 due to the common vagal nerve supply of these two tracts 3 The urmary system should therefore be thoroughly investigated in elderly men presenting such unexplainable symptoms, since these patients are often unaware of the existence of urinary stasis Azotemia which eventually develops from this cause is usually reversible It responds to parenterally and orally forced fluids, bladder decompression by catheter or cystotomy, followed if necessary by prostatectomy If the condition remains unreheved for a long time, renal compression atrophy may develop, and its resulting azotemia may then become irreversible Russ' reports 2 cases sent to the Mayo Clinic for suspected gastrointestinal lesions which were disproved by x-ray and other tests Urmary investigations later revealed up to 400 cc of bladder residual, and 250 mg per cent of blood urea concentration due to prostatic obstruction Both patients recovered completely following vesical decompression, forced administration of fluids, and prostatectomy

Case 4—H L, a 70-year-old man, was admitted to the hospital with pneumonia on March 17, 1939 After the administration of only 8 Gm of sulfapyridino he developed in rapid succession jaundice and acute hemolytic ancimia, and voided a portwine-colored urine. The next day there was complete anuria followed by azotemia and uremia. He died forty-eight hours later. Autopsy confirmed the antemortem diagnosis of tubular block by hemoglobin derivatives. This was one of the earliest sulfapyridine fatalities reported, and it emphasizes the importance of daily observation of the blood picture and the renal function and output as a guiding principle in sulfa therapy.

Case 5—A 42-year-old woman was admitted to the hospital on October 9, 1943 for radium treatment of metrorrhagia She received a blood transfusion on October 11 and again on October 18. Twn days later she complained of precordial pain, which was interpreted as a delayed transfusion reaction. During the next few days she developed mental confusion, nausea, vomiting and aphasia with right facial palsy, and the diagnosis of a cerebral vascular accident was entertained. This was followed by increasing stuper fibrillary twitchings, and two convulsions Uremia was now suspected and confirmed by a urea blood content of 140 mg per cent. The patient died five days after the second blood transfusion from uremia probably due to tuhular occlusion by blood derivatives. Unfortunately, in vestigation of the urinary output was started to late, it was not ordered and it was never charted.

Case 6 -A 41 year-old man was admitted to the hospital on the night of January 11 1944 for the treatment of intractable vomiting for three days for which he was given intravenous infusions of glucose and saline. The next morning the report on his blood chemistry showed 70 mg, per cent of urea and 8 mg per cont of creatinine It was now therefore evident that he was in uremia. We then learned that the patient had had oliguria for four days and had volded only a few cc. of urine the past twentyfour hours without ever realizing the importance of this fact. On further investigation, proronal causes of urmary suppression were excluded and postrenal block was also ruled out, since uroteral cathoters were passed readily to the kidneys without meeting obstruction. The renal pelves were then lavaged and venoclysis of 5 000 cc. was given but only a few cc. of bloody urine were voided through the indwelling catheters in twenty-four hours. Decapsulation of both kidneys was therefore done that evening. and a renal biopsy was taken at the same time which later revealed an early stage of acute glomerulonephritis. Intravenous clyses and injections of aminophylline papaverine, and glucose, etc. were continued and his urinary output gradually increased. Yet the asotemia and some uremic symptoms continued to become more intense. The urea mounted to 125 mg. per cent his vomiting ceased, yet he remained mentally alert throughout, but be subsequently developed severe attacks of hiccup and diarrhea. With progressively increasing diurcess the azotemia and symptoms finally disappeared and he was discharged four weeks after admission with a practically normal blood chemistry a mild albuminuma and a urinary specific gravity of 1010 which remained fixed for a few months. This patient had an upper respiratory infection ten days before hospitalization for which sulfonamides were not administered followed by scuto glomerulonephritis with early uremia duo to suppression of urine which usually presages a grave prognosis. Response to treatment began only after decapsulation of both kidneys was performed. It was noteworthy that he remained outwardly calm during his illness.

Case 7—M. D., a 65-year-old woman, was admitted to the hospital on September 16 1943 because of protracted vomiting, vague abdominal pains, disorientation and incontinence of urine. Her condition was poor and she died in twenty-

four hours without any report on the urinalysis or blood chemistry. Autopsy showed bilateral pyelonephrosis secondary to renal pelvic stones with marked reduction in renal parenchyma. Although gastrointestinal malignancy was suspected, uremia was undoubtedly the cause of death.

Case 8-J S. a 44-year-old man, had a left nephrectomy performed on June 25, 1941 for calculous pyonephrosis. He remained well until January 20, 1044 when two impacted stones were removed from the right ureterovesical junction and he was discharged on February 16, 1944. He was later readmitted to the hospital and on March 15 a nephrostomy was performed on the remaining right kidney for drainage of a pyelonephrotic sac. This was followed by increasing asotemia, vomiting, and hiccup which were greatly relieved by venoclysis. However the temperature continued to spake to 103 F for one week and penicillin was administered for three days starting on March 29 The result was dramatic. Within twenty-four bours, urinary drainage was re-established through the ureter, which had been blocked for eight days and three days iater be became afebrile. His uremic figures and symptoms continued to improve slowly and bo was discharged improved from the bospital a few weeks later Ho was readmitted several weeks later to another hospital where he died in uremia. In this case it appears that penicillin had a favorable effect not only on the infected kidney but also in overcoming the local ureteral inflammatory obstruction. Unfortunately, we were unable to obtain a second supply of penicillin for further treatment.

Case 9 -H F a 52-year-old housewife, was ad mitted to the medical service on January 10 1944 because of moreasing dyspace of unknown origin. For the provious three months she had also complained of anorexia, vomiting, and urmary incontinence. On further study, the dyspnea could not be explained on a cardiac or pulmonary basis. The urine sbowed 1 plus albumin, no casts, and on January 14 the blood showed 96 mg of urea and 8.6 mg of creatinino per 100 cc. An x-ray flat plate showed a small left kidney and a large right kidney with a large stag-horn pelvio stone. Urologio consultation revealed cystitis and stricture of the urethra. The patient was transferred to the genitourinary service where she received intravenous infusions plus bladder arrigations and decompression. The blood urea mounted to 120 mg, per cent and she died in premia on January 23, 1944. Postmortom examination confirmed the above x-ray findings. There was very little kidney parenchyma, the right kidney was a pyolonophrotio sac, while the left kidney was atrophic. Both ureters were dilated secondary to tight strictures at each ureterovesical junction. The outstanding symptom in this case was the marked dyspnes. The diagnosis of uremia and its surgical cause was made too late for therapeutio purposes.

Case 10—I N a 58-year-old merchant, was admitted to the hospital on March 30, 1040, complaining in headaches, dizziness vomiting, and diarrhea of ten days' duration. Physical examination was not remarkable. The urine showed I plus albumin

and a few casts and the blood level of nonprotein nitrogen was slightly elevated to 40 mg per cent. Gastrointestinal malignancy was suspected, but was unconfirmed by x-ray and further study Ten days after admission the patient also developed drowsiness, nuchal rigidity, right facial paresis, and absent abdominal reflexes Lumbar puncture was not remarkable and the medical and neurologic impression was meningism or possible cerebral metastatic malig-The blood urea was 53 mg per cent, the creatinine 31 mg per cent The patient became rapidly worse and died in come on April 14, 1940 Postmortem examination was a complete surprise The brain was normal except for edema, the colon showed uremic ulcerations, and the kidneys showed a late stage of subacute glomerulonephritis. The first clinical impression in this case was gastrointestinal malignancy, later, brain tumor was suspected. The existence of uremia was not recognized during life.

The following brief reports on cases of anuma are also of interest. Reflex anuma may occur secondary to unilateral renal calculus. A fatal case of anuma occurred secondary to renal cortical necrosis of pregnancy. Another fatal issue occurred in a 56-year-old man due to anuma of eighteen days' duration. This was caused by rupture of a dissecting scierotic abdominal aorta into both renal arteries, which in turn were completely occluded by clotted blood. Cases of uremia or anuma due to sulfa therapy, transfusions, shock states, and bichloride poisoning are commonly known and require no further comment.

#### Discussion

For the proper urmary elimination of nitrogenous and other waste products, the following three requirements are necessary an adequate renal blood flow, sufficient renal functioning tissue, and unobstructed excretory channels Uremia therefore may be caused by prerenal, renal, or postrenal factors

The prerenal types of azotemia are due to obstruction of the main renal vessels, shock states. loss of blood, anesthesia, and surgical operations Its mechanism is caused by small blood volume and low blood pressure and is explained as fol-The optimal glomerular pressure for lows filtration is usually about 70 mm of mercury. Normally the glomerular pressure is about 40 mm. of mercury below the brachial pressure marked fall in the latter produces a proportionate drop in the glomerular pressure, which in turn causes madequate glomerular filtration, oliguria, and eventually anura The mortality rate in these cases is 40 to 60 per cent The treatment is prophylactic and curative Postoperative shock should be prevented by transfusions or infusions sufficient to produce a urinary output of 1,500 cc The main object of treatment after uremia has developed is to restore blood volume, plasma volume, electrolyte balance, and blood pressure This is accomplished by venoclyses with 3,000 to 4,0000 cc of saline and glucose per day, and transfusions of blood or plasma, depending upon whatever factor is needed. If the blood pressure remains low, neosynephrine or cortical extracts may be given. In certain types of prerenal anuma, reflex or otherwise, decapsulation may be beneficial

The postrenal or elimination type of uremia is due to obstruction to the outflow of urine by blockage of the ureters or intrarenal tubules The tubules may be obstructed by sulfa crystals, by hemoglobin derivatives after transfusions and crush injuries, by plasma cells in multiple myeloma, and by calcium in hyperparathyroidism Ureteral block is caused by ureteral stricture, tumors, stone, external pressure, enlarged prostate, bladder conditions, etc. In these cases, treatment obviously should be the surgical removal or correction of the obstruction whenever possible Ureteral catheterization or dilatation of stricture may establish good urinary drainage If unsuccessful, nephrotomy or pyelotomy on the obstructed kidney may be indicated stricture, complete or incomplete, because of urmary stasis or infection may cause renal damage with uremia similar to Bright's disease, even before the development of pyelonephrosis or hydronephrosis. Hunner reported 9 out of a large number of cases of renal failure from stricture of the ureter, cured by ureteral dilatation The ages varied from 12 to 64 years, and the renal damage and insufficiency existed for from three months to three years in spite of medical treatment After therapeutic ureteral dilatation, the condition was cured, and the blood chemistry and urinalysis returned to normal He makes a plea for a urologic survey in cases of Bright's disease and uremia, to rule out ureteral block In obstruction of long standing, pressure atrophy of the kidneys may occur, and the renal Wharton<sup>6</sup> condition may become irreversible reports 2 cases of uremia due to bilateral ureteral strictures, one cured and the other relieved for a long period of time by periodic ureteral dilata-Urinary obstruction by hemoglobin derivatives and sulfa crystals should be prevented by proper supervision and by recognized precautionary measures in sulfa therapy and transfusions. Prophylactically, sodium bicarbonate is given to prevent crystallization, and sufficient fluids are given to produce a urine output of 1,300 When oliguria occurs, alkalinization and venoclysis and hydration should be used to in-The postrenal obcrease filtration pressure struction by sulfa crystals should be treated first

by ureteral cathoterization and polvio lavage followed if oecessary by pyelotomy, nephroctomy, or renal decapsulation. Fluids should be forced orally and parenterally and should be reduced or stopped on the development of edema

or pulmonary basal rales.

The renal or excretory types of uremia are due to toxic or infectious nephritus or cephrosis, nephroscierosis, pyclonephritis, Kimmelstiel-Wilson disease, and to cortical oecrosis, etc. Increased xanthroprotein and indican in the blood is a better index of uremic intoxication than is increased blood urea. In the early stages of renal insufficiency, polyuma is the compensatory mechanism. But as kidney destruction increases, compensatory diureris fails, more waste products are retained in the blood, and finally with only 10 per cent or less functioning renal tussue remaining, uremia develops. The polyuria now becomes harmful, eventually causing dehydration with or without acidosis, hypocalcemia, etc., which together with toxic symptoms constitute the clinical pattern of uremia. In this conditioo, death, the inevitable, may, however, be delayed several mooths by proper treatment. This consists in maintaining nutritional and vitamin requirements, in reducing the azotemia by increasing the glomerular filtration, and in the correction of existing physiologic disturbances. Iocreased urmary elimination is accomplished by forcing fluids (e.g., 3,000 oc. orally plus 1,000 to 1,500 cc. of physiologic glucose and saline intravecously per day) temia may also be reduced by intravenous iojections of 50 cc of 50 per cent glucose with or without 71/2 grains of aminophylline, or 20 co of 10 per cent magnesium sulfate every four hours for three days, stop one day and repeat if necessary . The development of basal rales edema. or increased venous pressure is an indication to stop or reduce the quantity of venoclysis. Debydration is treated by increased fluid intake as ooted above, acidosis by 3 to 6 Gm of sodium bicarbonate orally or lactate solution (1/6 molar) given intravenously, and the hypocalcemia by administration of calcrum or A.T 10 Vomiting, anemia, coovulsions, and cardiac complications are treated as they arise. In the presence of bypertension or heart disease, smaller amounts of fluid are given intravenously in order to prevent overtaxing the circulation (e.g., 50 cc. of 20 per cent to 50 per cent glucose) up to 500 co of 10 or 20 per cent glucose at the rate of 30 drops per minute. For persistent vomiting, stop food and medication by mouth and administer intravenously injections of 3,000 cc. of 10 per cent glucose, which furnishes 300 Gm. of glucose daily, equivalent to 1,200 calories For detailed treatment of renal uremia and its various symptoms and metabolic disturbances, consult the recent brilliant article written by Thorn.

#### Comment

The recognition of uremia is easily made when it is preceded by Bright's disease or by a period of anurla. At tumes, however, its diagnoss is difficult. It may not be suspected or detected until it has reached an advanced state. This is doe to the fact that the onset is usually insidious, and its symptomatology may simulate diseases of the brain, beart, or gastrointestinal tract.

Renai uremia manifests itself by a toxic group of symptoms consisting of headache, vomiting, hiecup, and anemia, and by physiologic disturbances due to dehydration, acidosis, and hypocalcemia. These are caused by excessive less of water, base, and calcium doe to the attempted corrective diuresis. The acidosis is also partly due to an inadequate synthems of ammonia by the damaged kidneys and their failure to elimi-

nate phosphorus.

The anuric type may be divided into the following three stages. First, there is a period of tolerance to the azotemia, during which the patient is anuric but appears calm and comfortable, the sensorium is clear and there are no symptoms. In spite of this outward serenity, the situation is critical and fraught with danger The ecood stage is a period of mild intolerance, characterized by fatigue, nausea, vomiting, diarrhea, and hiecup. The final stage of major intolerance consists of coovulsions and coma, followed by death.

When suppression of urine develops to cases with severe diseases of the liver, the blood content of urea and sugar is below normal, since these liver functions are depressed, while the percent of nonprotein nitrogen and amino acids is elevated. Therefore, in these cases both the urea and the nonprotein nitrogen concentration should be determined

The exact mechanism of uremia is not entirely clear Large doses of urea and creatinine are out necessarily toxic, yet uremia seems to be conditioned to an accumulation in the blood of these nitrogenous products associated with some possible unknown toxic substances. The azotemia may exist for a long time in a patient without producing symptoms. Eventually, decompensation sots in and the symptom complex of uremia develops. This reaction appears analogous to the decompensatory states which occur in cardina, diabetic, or bypertensive patients, which are responsible for congestive failure, diabetic come, or malignant hypertenson, respectively

The prognosis depends upon the underlying cause. True renal asotemia may exist for a long time and under proper supervision uramia may

wedge-shaped thinning of their edges This thinning of the muscles gives the impression that the circular interrecti space is considerably larger than The umbilious, which was originally inverted, is now spread out to a flat or moderately convex disk in which its original cartilaginous-like rounded border is extended eccentrically to a diameter of about 3/4 inch. The recti muscle separation, which had correspondingly extended, is now about 3/4 inch away from the cartilaginous ring, which can still be felt, in whole or in part Skin and thinned-out stretched fascia now fill the space between and within these rings In cases of premature rupture of the membranes, when there is a release of abdominal tension, the umbilical area will assume the shape of a protruding breast-like nipple. its size depending on the degree of enlargement of the umbilical field, of previous abdominal tension, and on the amount of liquor amnu lost This occurrence is reminiscent of the irregularities appearing at the placental site soon after separation of the placenta, in form resembling multiple, shallow, subserous fibroids ?

Looking closely over the umbilicus one can see faint vibratory to-and-fro movements corresponding to the maternal pulse. They are countable during expiration and at beginning and end of inspiration. However, they are visible and may be counted in every woman, pregnant or not, as well as in every man. They are less distinct in patients with fat abdominal walls or when the maternal pulse and respiration are very rapid or when the abdomen is overdistended.

During a laparotomy the intestines can be seen moving to and fro, corresponding to the aortic pulsations as visible on the abdomen. During the second stages of labor in some cases, when the intra-abdominal pressure is at its highest and aortic circulation most active, its pulsations at times can be seen rising and falling to a height of 1/4 inch. Still, it is hardly conceivable that the pulsations by themselves should be sufficiently powerful to elevate the abdominal contents so as to register them on the abdominal wall. I am inclined to characterize the umbilical region as a sounding board or collector and reflector of the

sound vibrations of the aortic beats—It is most probably both, the force of the pulsations and the strength of their sounds, that are cooperative in the production of the vibratory umbilical movements

#### Summary

- I have shown that while the fetal heart sounds are audible, they are not forcible enough to transmit visible impulses over the maternal umbilical region by way of the fetal chest, liquor amnu, and uterine wall
- 2 Respiration does not take place in an airtight, liquor-amnu-filled bag of waters
- 3 The only sort of respiration conceivable is endogenous, when the fetus gets an oversupply of oxygen and associated gases, at certain times, which the lungs take up—Such respiration is not apt to register on the abdominal wall through the barriers of liquor amnii and uterine wall
- 4 Liquor amnu circulates freely in the lungs at all times
- 5. An excess of liquor amnii retained in the lungs, which was not aspirated, is a cause of attacks of cyanosis with imperceptible pulse rates, associated with Cheyne-Stokes respiration.
- 6 The contractions of labor, which increase the intrauterine tension, have the tendency to express fluid present in the lungs, thus minimizing the incidence of cases showing the bronchial liquor-amnii-retention syndrome
- 7 The vibratory movements of and around the umbilicus are caused by aortic pulsations and vibratory sounds they produce The umbilicus is the thinnest, most yielding, and most sensitive part of the abdomen, readily reacting to motion and sound vibrations
- 8 The umbilious goes through a pattern of evolutionary changes during pregnancy which is followed by a corresponding involution after the termination of pregnancy

#### 302 West 86th Street

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#### NEW DERMATOSES SLIDES TO AID INSTRUCTION

The Office of the Surgeon General reports that six sets of lantern slides on cutaneous diseases have been completed by the Army Medical Museum and are ready for distribution They will be loaned to Army teaching centers and are available for deployment teaching programs These slides emphasize dermatoses which have been seen in tropical overseas theaters. All but three are in color

-Release from the Office of the Surgeon General, June

**30,** 1945

#### TRENDS IN MEDICAL-CARE INSURANCE IN NEW YORK STATE

GEORGE P FARRELL, New York City

(Director Bureau of Medical Care Insurance, Medical Society of the State of New York)

BOUT five years ago the first voluntary A nonprofit prepaid medical-care insurance plans had their modest beginning in New York State.

The success of the plans has been due to the untiring efforts of the doctors, who have given so freely of their time and knowledge in the organisation of these plans and through the cooperation of the organized medical profession and the Blue Cross Hospital organizations in administering The success of the plans also the programs indicates what can be accomplished by mutual cooperation and understanding in the distribution of medical and hospital care for the people in the State

Medical-care plans are now operating in nineteen states in conjunction with Blue Cross Plans and are serving the needs of over 1,600,000 members to the satisfaction of the patients, the doctors, and the medical societies. In New York State four approved plans are in operation, with a membership of over 230,000 A plan has been formed in Rochester and a plan is in the advanced stage of formation for the Albany district The entire State will be covered when these new plans are in operation, with the exception of two counties which have small local Blue Cross plans

Plans operating in New York State offer diversified contracts the Western New York Medical Plan of Buffalo and the Central New York Medical Plan of Syracuse offer medicalsurgical care, including maternity benefits, with a limited number of home and office calls, for subscriber and dependents on an indemnity basis The Medical and Surgical Care Plan of Utica offers surgical care for subscriber and onehalf benefits for dependents, maternity care for subscriber or dependent while hospitalized, a limited number of medical calls for subscriber and dependents while admitted patients in a hospital, and an additional three calls are allowed within ten days after hospital discharge. All benefits are on an indemnity basis.

The United Medical Service of New York offers three types of contracts type one contract provides surgical care for subscriber and dependents. including maternity benefits, while hospitalized on an indemnity basis Type two contract provides for surgical-medical care for subscriber

Presented at meetings of the Flith and Berenth District Branches, at Oreida, September 18, 1945, and at Clifton Springs, September 27, 1945.

and dependents, including maternity benefits, while hospitalized. Medical-care benefits are provided from the fourth through the twentyfirst day, and at the rate of \$10 per week from the twenty-second to the one hundred and eleventh day for each hospital admission These benefits ere on a service basis for subscriber and dependents whose incomes do not exceed \$1,800 a year for a single person and \$2,500 a year for a family

Type three contract provides for surgicalmedical care for subscriber and dependents, including maternity benefits while hospitalized. A limited number of home and office calls are pro-These benefits are on a service basis for subscriber and dependents whose incomes do not exceed \$1,800 a year for a single person and \$2.500 a year for a family This contract is being offered to a maximum of 25,000 subscribers until such time as experience indicates that it can be offered to an unlimited number of subscribers on a sound underwriting basis

The experience of these plans should provide sufficient data and information to enable consideration of a more unified contract on a sound actuarial basis, which would provide benefits to meet the needs of most catastrophic illnesses. It is essential that monthly records be kept on the experience of a plan, in order to determine the benefits which can be offered consistent with

sound underwriting practice

The majority of plans which have been the most progressive, from an enrollment and sound underwriting point of view, offer surgical and medical benefits for hospitalized patients, including obstetrics The cost of home and office calls for medical care is still an unknown and unpredictable factor, because of the lack of control over the amount of care requested by subscribers

It is a natural tendency to request something if it doesn't cost you any more to have it, whether you really need it or not. However, people are not admitted to a hospital just because they want to be, but rather because they have to be. This places an antomatic control on the demand for service.

There is an ever-increasing demand being expressed by labor, industry, public opinion, and politicians for a better solution of the distribution of medical care. Past experience of voluntary plans should give us an answer to the best benefits that can be offered to all those who wish to protect themselves and members of their families against unexpected medical costs. Such plans would be more acceptable to our people than will any plan based upon compulsion and administered through governmental bureaucracy.

Our present membership indicates public acceptance of the voluntary principle. To increase enrollment in our present plans, it is necessary to educate the public on the need for medical care, and to educate the doctor on the need of his active cooperation in supporting voluntary plans.

Due to our experience of the past five years. we are no longer gazing through the penumbra of incomprehension regarding the necessity, workability, and advisability of a voluntary plan In view of the fact that during the past year a number of medical insurance bills have been introduced in the Legislature, it is necessary that we give voluntary plans our full support any study indicates that the people are receiving insufficient medical care, it is possible that some form of legislation may be introduced which would be of a compulsory nature I do not beheve the medical profession is interested in any plan which is compulsory A compulsory plan has definite disadvantages, such as removing the control of the distribution of medical care from the profession, where it belongs offered will be regulated by politicians and not by physicians, and fee schedules established to the satisfaction of the politician and not yours There would be third-party interference between physician and patient. This relationship is a very personal one and no type of plan should interfere with that relationship

Far greater advances will be made in curative and preventive medicine under the system of free practice of medicine than if political medicine is installed. That has been proved where political medicine has been in existence in other countries.

I believe that we will agree that an economic problem exists between the patient and physician, and there is a moral obligation on the part of the profession to find a solution to it

The solution has been found by the profession in the establishment and promotion of voluntary medical care plans for the employed, self-supporting person and his family. Provisions should be made for all persons to avail themselves of voluntary medical care benefits, regardless of employment status, who wish to do so. Recognizing that administrative costs would be increased and perhaps also the underwriting risk, depending on enrollment control, an additional premium could be charged commensurate with the additional cost for this particular group. The highest percentage of our people are wage.

earners who wish to meet their individual obligations in the traditional American way. This is evidenced by the fact that over nineteen million Americans have provided against the cost of hospital care in an incredibly short time. It is reasonable to assume that enrollment in the medical plans will be even more rapid if each individual member of the profession cooperates by educating his patients to the need of providing for the unexpected cost of catastrophic sickness through a voluntary plan

The American people have not shirked individual responsibility, which is always the price of liberty

The care of the indigent is the responsibility of the government, and the cost of medical care for them should be paid by tax money the same as their housing, food, etc., is

In considering the factors which contribute to better health, medical care is only one of several Samtation, hygiene, slum clearance, and many others also contribute to a large degree However, we are primarily concerned with the medical aspect and what effect it would have on the health of the people and the cost

Bismarck introduced compulsory health insurance in Germany in 1883, in 1885 the average illness lasted fourteen days and by 1932 the average illness lasted twenty-nine days, or more than twice as long. During this period medical cost per insured person rose more than nine times. Did the Iron Chancellor have a definite purpose in mind when he introduced compulsory social security?

In Boehm's biography he quotes Bismarck as follows

"One who looks forward to an old-age pension is far more contented and much easier to manage Contrast a man in private service with one who serves in the Chancellery or at Court The two latter must be far more accommodating and obedient than the former, for they have their pensions to think of A great price is not too much if therewith we can make the disinherited satisfied with their lot Money thus spent is well invested if it is used to ward off revolution"

The great price was to the tune of one hundred billion gold marks from 1883 to 1932, over a period of forty-nine years. Have the German people, through compulsory social insurance, traded a certain amount of temporary welfare and security which might have been supplied by private enterprise, for their own economic independence and the very existence of their nation?

From the experience of compulsory health insurance in Germany, it is very possible that the contemplated cost of any compulsory plan might

not be self-sustaining Who is going to make up the deficit—the taxpayers, the doctor, or both?

To meet this ever-increasing demand for a better solution of the distribution of medical care, the medical profession is meeting the challenge by establishing new plans and promoting existing plans No issue has ever called for greater united effort and more active cooperation of the medical profession than the present trend toward somalised medicine The active cooperation and participation of every doctor of medicine is necessary

#### THE FINAL PHASE IN THE CONQUEST OF TUBERCULOSIS

For more than four decades the mortality from tuberculous in our country has been sweeping downward without interruption. The result is that the current death rate from the disease is only about one fifth of what it was at the beginning of the century. The improvement, moreover has been fairly consistent throughout the prosperity of the 20 s, the depression of the 30 s, and the exacting years of the present wer. From 1921 through 1945 the death rate decreased on an average by 4 per cent annually

An essentially consistent per cent annual decline implies, of course, a diminishing absolute annual de-

cline.

It is obvious that a reduction of 4 per cent from the rate of about 100 per 100 000 which prevalled around 1921, means an absolute drop of 4 per 100 000 in the death rate for the year, whereas with the current death rate of about 40 an annual drop of 4 per cent is only 16 per 100 000. Thus, although the measures against tuberculosus have been intensafied since the first World War these efforts have brought diminishing returns. This tapering-off process is also seen in the trends for typhoid fever, the communicable diseases of childhood and a number of other diseases which have been coming under control. It merely indicates that as room for improvement diminishes, it becomes in creasingly difficult to make further gains

reasingly difficult to make further gains.
We may expect a death rate of about 30 per 100-000 in 1980 and of about 20 per 100 000 in 1980.
There is good reason to believe, however, that the actual figures will be even lower than those indicated by the forecasts. Holv soon tuberculosis is reduced to vanishing proportions depends to a large extent on the vigor with which the full means of

combating the disease are utilised.

An important step in this direction was the establishment, last July, of the Tuberculeds Control Division in the U.S. Public Health Service, whose function it is to develop on a nation-wide scale, more effective measures for the prevention treatment, and control of the disease. The program includes grants—rad and a variety of services to States and local communities, the expansion and training of medical nursing, and tochnical personnel, and the carrying on of demonstrations, of clinical and laboratory research, and of general studies. The Division will also work in cooperation with various voluntary agencies in formulating plans and evaluating results.

The new program will give added impetus to the widespread use of x-ray mobile units for mass surveys. Case finding has been, and will continue to be, one of the most important steps in rooting out tuberculosis. Through this large-scale screening process, cases are likely to be found in their minimal stages, when treatment is most effective. Mass x ray can be used particularly where large groups are concerned, as among hospital patients industrial workers, and school children. In order to locate new cases as they arise, these surveys should be repeated periodically. An incidental feature of these mass surveys for tuberculosis is that in a number of in stances they disclose the presence of other discases. The medical care provided for our war veterans.

The menical care provided for our war veterans should be an additional aid in the control of tuber culosis. Under the present program of the Veterans Administration, heepitalnation for tuberculous is available to war veterans, whether or not the disability was connected with their military services. In view of the fact that there are about 11,500 000 men in the armed services who will become veterans, this provision can be of the utmost importance in protecting a large and vital segment of our population from the disease. The basic problem will be to locate the tuberculous veterans in the early stages of the disease, to hospitalise them and to see that they get adequate medical care and rehabilitation.

The campaign against tuberculosis will benefit not only from these direct measures, but also from seneral measures which will raise the standard of living. Recent developments in the science of nutrition will mean not only better foods but also more balanced diets. Likewise, many large-scale housing projects are planned to displace slum areas, where tuberculoses has often found fertile hreeding ground. A large number of municipalities have been giving more attention than ever before to outdoor recreational facilities. The cumulative effect of these and other steps should be to build up strong bodies resistant to disease.

Considering the new elements introduced into the present-day fight against tuberculosis, it is not unduly optimistic to expect that the death rate from the disease may fall below the levels indicated by the recent trend. The final conquest of tuberculosis should be one of the first items on the agenda in planning for the postwar health and welfare of the American people.—Metropolulan Lefe Ins. Co., Statutical Bulletin April, 1946

#### THE ROLE OF TRAUMA IN ACUTE CORONARY THROMBOSIS\*

A Clinical Study of 200 Cases

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THERE is much controversy at present regarding the role of trauma as a causative factor in acute coronary thrombosis There have been many reports in the literature, such as that of Fitzhugh and Hamilton, in which a sudden, dramatic, indirect injury was followed immediately by the typical syndrome of squeezing substernal pain with radiation to the shoulders and down the arms, dyspnea, cyanosis, lowered blood pressure, and the general picture of shock. It was, therefore, concluded that the trauma had a direct causative significance in relation to the acute coronary attack There have been many reports from authors with an opposite They state, with impressive series point of view of cases, that the role trauma plays in the causation of acute coronary thrombosis is insignificant. One group, Master, Dack, and Jaffe, in a series of more than 1,000 attacks, found only 2 per cent definitely associated with severe exertion or trauma there have been middle-of-the-roaders, such as Phipps, who found that exertion was intimately connected with acute coronary closure in '40 per cent of a series of 437 cases

Lack of agreement on terminology and definitions is certainly responsible for much of the discrepancy For example, one author will distinguish between walking, moderate activity, and ordinary mild ac-Another will divide his headings between severe physical stress and moderate or usual exer-One author will include under severe stress exercise, surgery, and general infection, whereas another writer will separate the latter two categories and not consider them as severe trauma at all other cause for disagreement is the difficult question of compensation cases Some writers feel that the history of patients with a personal axe to grind will be colored by their own desires and become, therefore, unreliable These writers do not include compensation cases in their reports Other men, although recognizing the possibility of tainted testimony, feel that the picture is not a complete one so long as there is an arbitrary selection of cases

This report comprises a series of 200 cases of acute coronary thrombosis. They have been taken from the records of City Hospital between the years of 1938 and March, 1945, inclusive. Of the 200 patients, 141 were men and 59 were women. Their average age was 63 4 years. The youngest patient was a man 27 years old and the oldest was a man 89 years old.

The diagnosis of each case was definitely proved either by electrocardiogram or by autopsy, or by both One hundred twenty-nine cases were confirmed by autopsy and 89 cases by electrocardiogram There were 34 cases of acute coronary oc-

clusion, proved by autopsy, in which he electrocardiograms showed no evidence of the acute lesion. The electrocardiographic reports in these cases spoke of disease of the ventricular muscle, overdigitalization or some other toxic factor, or myocardial damage.

In order to eliminate unnecessary and confusing categories, we have divided the circumstances under which the acute coronary thrombosis developed into five main groups (1) sleep, rest, or other inactive states, (2) mild to moderate but usual activity, (3) unusual or severe exertion, (4) direct physical injury to the chest, (5) no definite history of trauma either solicited or volunteered

Sixty-two cases developed while the patients were sleeping, at rest, or in an otherwise mactive state. Of these 62 cases, 49 were in bed, 7 were sitting in a chair, and 6 were standing

There were 25 cases which developed while the patient was engaged in an activity which was mild and not unusual for him. Five patients developed acute attacks immediately after eating. A hospital employee and a housewife were stricken while mopping floors. Ten attacks occurred while the patients were walking. And other attacks followed such activities as shaving, bathing, and cleaning a rug

There were 5 cases in which the onset of the acute attack was intunately related to a severe and unusual exertion. The first of these cases was that of a 51-year-old mechanic who, after lifting a 100-pound shelf and carrying it several feet, suddenly coughed, developed dyspnea and cyanosis, became nauseated, and vomited He was brought to the hospital and an electrocardiogram confirmed the diagnosis of acute coronary occlusion The second case was of a 49-year-old man whose occupation is unknown. The chart states that he was "lifting something" when he was suddenly seized with severe substernal and epigastrie pain. The diagnosis was confirmed by electrocardiograms. The third case was of a 62-Following the lifting of a year-old handyman heavy motor, he developed pain in the upper abdomen radiating to the back. He became nauseated, cold, and clammy and was brought to the hospital, where the diagnosis of acute coronary occlusion was established by an electrocardiogram This patient died and an autopsy revealed massive anterior and posterior myocardial infarctions with a rupture of In the fourth case, the interventricular septum the trauma was more remote. The patient was a 70-year-old W P A inspector who, ten days before admission to the hospital, had walked two miles During this exertion, which was unusual for lum, he experienced a severe attack of precordial pain Four days later he developed a more severe prolonged precordial pain which continued for several days and finally caused him to seek admission to

<sup>\*</sup> Presented before the New York Cardiological Society, February 25, 1945

the hospital. The diagnosis of acute coronary coclusion was established by electrocardiograms. The fifth patient was a 44-year-old man who worked on a moving van.

While he was carrying a heavy object, he was suddenly seized with a choking sensation, became dyspheic, and broke out in a sweat. The diagnosis of acute coronary closure was made by electrocardiogram.

In the series of 200 cases, there was not a single instance in which the acute coronary occlusion was due in any way to a direct blow to the chest wall.

In 108 cases, no definite history of trauma was either solicited or volunteered. It was felt that in this group the lack of positive evidence of severe trauma was not sufficient beass for assuming that such trauma did not occur. Possibly, investigation concerning this point was not sufficiently thorough. Since more than half of these cases, takee from a large, active general hospital, had inadequate histories, it was thought that the use of the following standard list of questions might be of value

1 Was there an acute attack?

- 2 What were the symptoms of the acute attack?
  - 8 How loog did the symptoms last?
  - 4. What medication was used for the attack?
  - What time did the attack occur?
     What was the patient doing at the time of the
- onset of the attack?
  7 Was the attack associated with a recent
- 7 Was the attack associated with a recent heavy meal?

  8 Had there been any severe exertion by the
- patient over the previous forty-eight hours?

  9 Was this exertion a usual effort or was it
- unusual for the patient?

  10 Had there been any direct recent injury to
- the cheet wall?

  10 Had there been any direct recent injury to
  the cheet wall?

  11 Does the patient consider himself nervous?
- 12. Had the patient had any severe emotional disturbance over the previous forty-eight hours?
- 13. Did any complications arese concomitant with the attack?
- 14 What were the pre-existing modical complications?

15 Will the patient receive compensation benefits from this hospital sojourn?

It should be stated that in oot one of the 200 cases was there a question of compensation. This particular difficulty, therefore, was obviated

A surprisingly large number of cases did not have an acute episode. Io 130 cases the infarction was associated with the acute picture but in 70 of the cases tha acute symptoms were lacking. In 54 of these 70 cases the diagnosis was established only by autopey, in 11 cases the electrocardiogram gave the diagnosis, and in 5 cases the electrocardiographic evidence was borne on by the autopsy findings.

#### Summary

1 Two hundred cases of acute coronary occlusion are reviewed. In no case was compensation involved. There were 141 men and 80 women, whose average age was 63 4 years.

- 2. Extly two cases developed while the patients were eleeping, at rest, or in an otherwise mactive state 25 cases developed while the patients were engaged in an activity which was mild to moderate, and not unusual for them, 5 cases were intimately associated with severe caretice in no case was there direct injury to the chest, and in 108 cases no definite history of trauma or exertion was solicited or volunteared.
- 3 In 130 cases the coronary closure constituted an acute eplaced, in 70 cases the attack was mient.
- For cases of suspected acute coronary occlusion, a standard list of questions is presented. It is hoped that its use may lead to more accurate history taking and more rapid diagnosis.
  - 5 The discrepancies of existing classifications of activity are noted and a simpler nomenclature is suggested.

Thanks are due to Dr Walter Benzel (or his kind encouragement and helpful criticism in the preparation of this paper

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#### LEAD POISONING IN A FURRIER

ALFRED SCHICK, M.D., New York City

LEAD, because of its widespread use, is one of the common and frequent causes of industrial poisoning. Although lead intoxication has become less frequent in recent years, because of precautionary measures and oew industrial methods, it is still a so-rious occupational hazard. About nine liundred specific occupations are cited involving a potential exposure to lead. The diagnosis of lead poisoning is sometimes missed because the manifold signs and symptoms of this disease so often simulate those of other diseases, and because the attending physician unless he is sware of the possibility of lead poisoning,

may easily fall to relate the signs and symptoms to the true condition.

Lead may enter the body through the respiratory passages, the gastronotestinal tract and the skin. The latter is of little practical significance. The gastronotestinal route is only slightly more important for logested lead is largely excreted with the feeces without being absorbed at all, or excreted with the bille into the bowols. Thus only relatively small amounts of lead reach the systemic circulation by way of the gastroiotestinal system. The respiratory system is considered the most common and

most dangerous route by which lead absorption takes place Flury cites the high incidence in lead workers of diseases of the respiratory tract, such as bronchitis, laryngitis, etc. A given amount of lead is ten to one hundred times more toxic when inhaled than when swallowed. Furthermore, there is a striking variation in the degree of tolerance to lead intoxication in different individuals. Some persons may become injuried after a short exposure to lead while others may live in the same environment for years without apparent ill effects.

The classic signs and symptoms of lead poisoning do not always appear fully developed or combined in a significant syndrome The most important manifestations of lead poisoning are referable to lesions of the neuromuscular system, the brain and the spinal and peripheral nerves may be involved But increased blood pressure, constipation, intestinal cohe, lead gum, or blood pathologies, such as anemia and basophilic aggregations, may not complete the picture One or the other of these signs and symptoms may be present whereas others may No conspicuous signs indicating impending lead poisoning may appear L Teleky describes monosymptomatic cases, especially where the rate of lead absorption is slow. For instance, weakness of the extensor muscles of the forearm may appear and remain for an extended period as the only manifestation of lead into a cation Affected are usually the more used muscles, 1 e, the right extensors in right-handed people, and vice versa Even laboratory findings do not always aid in establishing the diagnosis 6 Fall of hemoglobin and diminution and stippling of red cells may be transitory of active plumbism may fail to show an increased lead content in the blood, whereas no plumbism may be manifest in individuals showing a high level of lead in the blood The urine may frequently contain an increased amount of lead, but not invariably and not constantly 7 The quantity of lead exercted in the feces is indicative of the amount of ingestion rather than of absorption 8 Thus, the diagnosis of lead poisoning must depend upon the presence of elinical manifestations and the demonstration of lead as the causative factor

#### Case Report

As an illustration of the foregoing we report the following ease in a white man, 40 years old O recalled no illness or disease prior to 1940, when weakness and pain developed in his right forearm and persisted for two months These signs and symptoms disappeared without therapy and the patient was symptom-free until 1944, when he began to notice a burning sensation in his throat, accompanied by a dry cough, and a return of the attacks of pain and weakness in the forearm attacks became more frequent and eventually more severe and were worse after evertion and in cold weather The patient was treated by several physieians for a variety of diseases, including anginal syndrome, allergy, and tendovagants, but no therapy gave relief. The patient was referred to me with a diagnosis of a possible neurosis

The clinical examination revealed little Skin, mucous membranes, heart, lungs, abdomen, central nervous system, and blood pressure (130/90) were normal, he neither smoked nor drank All

laboratory findings, including complete blood chemistry and blood count, Wassermann test, feces and urine examination, were negative Roentgenographs of the shoulders, upper extremities, spine, and chest showed no abnormalities. However, the patient demonstrated slight difficulty in fully extending the right wrist and slight sensory disturbances on the dorsal side of the right forearm.

The painful sensation, the sensory disturbance, and the weakness of the muscles gave the impression of a neuromuscular affection In search of a cause, a careful history was taken with special attention to the occupation of the patient It was learned that he had been a furrier for many years, working as a forefinisher, in which work he particularly used his right arm. Previous to the onset of his present illright arm ness, he had worked for six weeks, for seven and onehalf hours daily, on a particular type of skin which he had not previously handled These skins were ordinary lambskin, imported from South America. In order to make them similar in appearance to genuine Persian lamb, they were dyed after arrival in New York with a preparation containing lead The freshly dyed skins were then bleached with hydrogen perovide and were then ready for the manufacturing process Upon questioning, the patient remembered that he had worked with identical skins during the time he experienced his 1940 attacks of pain and weakness in the arm

An examination of a sample of the dyed skin revealed the high lead content of 10 7 per cent (Laboratory of the Department of Labor)

The patient's history of exposure to lead and the consideration of a given individual susceptibility suggested lead intoxication. Since the most frequent and disabling signs and symptoms of this disease are those pertaining to the neuromuscular system and since muscles as well as nerves are directly affected by lead, a diagnosis of lead poisoning seemed to be justified. T. M. Legge and K. W. Goadby's point out that in plumbism cramps of the muscles, the nerve supply of which is becoming affected, hyperesthesia, or anesthesia, may be present as well as neuralgic pain. Mr. O's signs and symptoms manifested themselves in the extensor muscles of the right forearm and their supplying nerves. There were no other clinical or laboratory findings. Urine and feces were not examined for lead. The burning sensation in the throat and chest was attributed to lead irritation of the respiratory passages.

The diagnosis of plumbism was further supported by the following considerations—the patient had been a furtier in good health for many years, having suffered but two attacks of illness in his adult life. On both occasions, the complaints were similar. And on both occasions, the illness had been preceded by a short period during which he worked with a particular type of skin, shown to have been dyed with lead. In each illness, his signs and symptoms were relieved and gradually disappeared when he refrained from handling the offending type of skin. And although he did not at any time give up his work as a fur forefinisher, continuing his handling of all types of fur except the South American lamb, he suffered no return to his symptoms.

Of particular interest in this case are three factors (1) The disease was comparatively poor in characteristic signs and symptoms, (2) there were marked sensory complaints, rare in lead poisoning, (3) only one other report of lead poisoning among furriers is found in the literature, this report dealing with furriers working on skins dyed to resemble chinchilla 10

10 East 85th Street

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#### MALARIA DUE TO PLASMODIUM FALCIPARUM IN NEW YORK

HOWARD B SHOOKHOFF, M D \* and PHILIP STRAX, M.D New York City

THE following case report illustrates some difficulties which may be encountered in diagnosing the commonest of all tropleal diseases -malaria

#### Case Report

S.R., a married woman of 28, returned from London, England, to New York by plane. She left London on February 7, 1945, and reached New York on February 7. Her route took her through two West African ports both highly malarious. She stayed overnight in each port and recalled having been bitten by mosquitoes in both of them. Sho stopped at a port in Brazil also, but it is probable that malaris control is reasonably effective at that point. Her exposure to malaria probably took place

point. Her exposure to mannar processity took place on either February 8 or February 4
On February, 12 she began to feel tired, and to have generalized aching The same day she had two shaking chills soveral hours spart, and became nauscated. From then on she had repeated attacks of chilliness, beadache, and vomiting until February 17, when she was admitted to a hospital. The head ache was sovere, and unlike anything she had ex

perienced before.

Physical examination showed no abnormalities in the heart or lungs, but the spleen was moderately enlarged Blood counts showed anemia and leuko-penia (Table 1) The test for albuminuria gave a 1 plus reaction No malaria parasites were found in a blood gnear examined specifically for them on February 19

The patient was treated with sulfadusine for one day and then given penicillin intravenously

TABLE 1 -- BLOOD COURTS

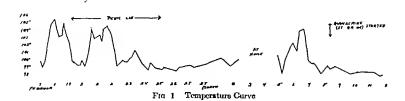
Date February 17 1945 February 22, 1945 March 5 1945 April 30, 1946	SS 2 Hemoglobia (14.5 Gm	2 890 000 000 000 000 000 000 000 000 000	Male Blood	Polymorphonuclear	Sect Lymphocytes—
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individual doses were 20 000 units. Between February 19 and February 25 she received 320 000 units-Fig. 1 shows the course of her temperature curve. The normal temperature from February 24 to Febru ary 28 may represent the natural course of the dis-case rather than a response to peniciliin. She was

discharged on March 3
On March 4 the symptoms, including fever chillings headache, and vomiting, recurred and on March 5 sho was admitted to another hospital for further study Thin blood amears taken on March further study Thin blood amount taken on March 7 and March 8 were reported negative for malaria

paramtes.

On March 8 twenty-four days after the onset of illness, one of us (H. B. S) saw the patient in consultation. It was noted that the temperature curve was characterized by rises of temperature lasting about thirty-six hours and having a double peak (Fig. 1)



<sup>\*</sup> Epidemiologiat, Tropical Disease Diagnostic Service, Health Department, City of New York

Physical examination showed the patient to be Examination of apprehensive and definitely pale he heart and lungs revealed no abnormal findings The spleen was moderately enlarged, reaching to about three fingerbreadths below the left costal not enlarged, and there was no jaundice

blood smears were taken for study In view of the exposure to malaria, the character of the temperature curve, and the physical findings, it was felt that a clinical diagnosis of malaria due to rt was felt that a cumear diagnostic street and street headache suggested that pernicious cercbral manifestations might develop at any time In view of the imminence of another bout of fever, we initiated treatment without awaiting the results of the blood smears taken Quinacrine (atabrine) was given in a dose of 0 2 Gm every six hours for five doses, and then 0 1 Gm three times a day for five days About two hours after starting quinacrine the patient began to feel as though another attack were coming on, but this feeling subsided promptly From then on she had no fever and improved rapidly

Thick smears were made again on March 9, twenty hours after the original smears were taken, and about eighteen hours after the start of treatment Prolonged search revealed two ring forms in a smear taken March 8, and two more in another smear taken March 9 Thus confirmed the diagnosis of P falciparum infection Smears taken March 12 and

March 22 revealed no plasmodia

We examined the patient again on May 1 had remained well A blood count on April 30, 1945, showed distinct improvement with respect to the anemia (Table 1) The tip of the spleen could just be felt on deep inspiration A thick blood smear was negative for plasmodia

#### Discussion

Malaria, due to P falciparum, often called estivoautumnal malaria, frequently does not show the classic recurrent bouts of chills and fever Sometimes the fever is completely irregular but a certain proportion of cases show the type of curve seen in the present case, namely, a series of bouts of fever characterized by double peaks. This phenomenon has been observed in experimental infection by Boyd 1 The clinical manifestations of this type of malaria are often very bizarre, and in general are extremely variable. The only safe rule for the clinician to follow is to suspect malaria in anyone who is ill and who has recently been exposed to the disease.

Estivoautumnal malaria is always an emergency A patient such as the one described here may, within two hours, go into fatal coma It was for this reason that treatment was instituted without awaiting confirmation of the diagnosis by laboratory examination

The number of parasites in the circulating blood in P falciparum infections is, like the clinical pic-Severe cases do not ture, extremely variable necessarily show many parasites There are certain phases of the developmental cycle of the parasite during which it may disappear completely from the peripheral blood Therefore, it is essential to examine further blood smears when the first one is negative In those instances in which the parasites are scanty, the use of the thick-smear method is indispensable. This was evident in the present case, when four examinations made with the ordinary thin smear failed to reveal the parasite.

A case of malaria due to P falciparum is reported The infection was apparently acquired in West Africa in the course of a trip by air from London to The diagnosis was suspected on New York City clinical grounds but could not be substantiated in the laboratory until examination by the thick smear method was employed. The value of repeated examinations of the blood and the employment of the thick-smear technic in suspected cases is emphasızed.

Boyd, M. P., et al. Publication, Am. A. Advancement Sc, No 15, p 198, Fig. 3, 1941

#### SEDATIVES—A NATIONAL PROBLEM

If drugstores stopped selling sedatives for a period of two weeks there would be an awful lot of people on the night shift who couldn't sleep days and a lot on the day shift who couldn't sleep nights, then there would be some who weren't on any shift

(shiftless) who couldn't sleep any time
Everybody seems to be tired but nobody seems
to know what to do after they get to bed. The old
gag about being so tired they couldn't get to sleep, still is being heard—so they get up, have a cup of coffee, a sandwich, a cigarette, another sedative tablet, some mineral oil, and hop back in bed and start counting sheep till they get into the 100,000's and by that time it's almost morning—so they get up, read a few chapters of Forever Amber and then off to work

It is a good thing that there are still some drugs that have to be obtained by prescription to protect those people who are trying to avoid rigor mortis by taking alternate doses of synthetic sedatives and stimulants A sedative taken at night often has a "hangover" effect the next day so that the person

is not sure he's alive till late in the morning, and wonders why he is so tired after such a good night's sleep

The most common reason for the prescribing of sedatives is a wastebasket term called "nervous-ness". An interesting group of slang synonyms has An interesting group of slang synonyms has arisen from this hackneyed complaint heeby-jeebies, jitters, shakes, willies, jumps, frazzled, twidgety, skittery, going all to pieces, blowing one's

top, going haywire, going berserk, ad infinitum
The central nervous system apparently is taking a terrific pounding with the so-called advance of civilization, but as long as chemical depressants are available as easily as they are now, there is very little hope for the future Perhaps physicians proscribe sedatives too often for minor transient insomnias, thereby creating a potential addiction in patients If the present trend of administration of sedatives continues there will come a time when they will have to be classified exactly as narcotics and dispensed accordingly — J J Lightbody, M D, in the Detroit Medical News, Sept. 10, 1945

#### Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL. The members of the committee are Oliver W H. Michell, M. D., Chairman (428 Greenwood Place, Syracuse), George Bachr, M. D., and Charles D. Poet, M.D.

#### Management of Arterial Occlusions

66 THE Management of Acuta or Slowly Progressive Arterial Occiusions ' is the subject of the lecture to be given by Dr A. Wilbur Duryee to the Nassau County Medical Society on Tuesday, November 27, at 9 00 r m. Dr Duryee is associate clinical professor of medicane, College of Physicians and Sur-

cons, Columbia University The lecture, presented by the Medical Society of the State of New York, and arranged by the Council Committee oo Public Health and Education, will be held at the MacArthur Auditorium, Mercy Hospital, in Rockville Centre, Long Island

#### Treatment of Virus Diseases

REENE County Medical Society and the medi G cal staff of the Memorial Hospital of Greene County will hear Dr David K. Miller, professor of medicine, University of Buffalo School of Medicine, speak to the "Recognition and Treatment of Virus Discasses" on November 29 at 9 00 r.m. The meeting will be held at the Memorial Hospital of Greene County, Catakill.

This instruction is presented as a cooperative endeavor between the Medical Society of the State of New York and the New York State Department of Health.

#### Onondaga County Hears Lecture on Vascular Diseases

A JOINT meeting of the Onondaga Couoty Medical Society and the Syracuse Academy of Medicine will be held Tuesday November 20, at 8 30

The place will be the University Club of Syracuse. Dr. A. Wilbur Duryce, associata clinical professor of

mediane, College of Physicians and Surgeons, Columbia University, will speak on "Management of Penpheral Vascular Diseases"

This instruction has been arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York.

#### Genitourinary Infections

HE Medical Society of the State of New York and the New York State Department of Health, as a cooperative endeavor, presented postgraduate instruction to the Franklin County Medical Society on October 31 at the Alice Hydo Memorial Hospital. Dr Leo E. Gibson, professor of clinical surgery Syracuse University College of Medicine, spoke on "Infections of the Genitournary Tract."

#### Teaching Day at St. Lawrence Hospital

A CANCER teaching day was held at the St. navrenes State Hospital, In Ogdenaburr, on November 1 It was presented under the auspices of the Medical Society of the County of St. Lawrence, St. Lawrence State Hespital, Medical Society of the State of New York, and the New York State Department of Health, Division of Cancer Control.

Dr. Morton L. Levin, assistant director, Division of Cancer Control, New York State Department of Health, and Dr. Cushman D. Hasgunsen, sexistant professor of surgery, College of Physicians and Surgeons, Columbia University, spoke during the afternoon section of the program. Dr. Levin, seith-CANCER teaching day was held at the St.

afternoon session of the program. Dr Levin s sub-ject was "Cancer Incidence, Provalence, and Mortality," and Dr Haagensen spoke on "Cancer of the Breast."

Dr James P Smith, president of the Medical Society of the County of St. Lawrence, was chair-man of the afternoon meeting. Dr John A Pritchard, senior director of St. Lawrence State Hospital was chairman of the evening session which followed a dinner served at the State Hospital,

At the evening meeting Dr Clyde L. Randall, pro-fessor of gracology, University of Buffalo School of Medicine, pave a talk oo "Diagnous and Treatment of Cancer in the Female Pelvis," and Dr Lloyd F Craver, assistant professor of clinical medicine, Cornell University Medical College, discussed "Leu kemias and Hodgkin's Disease."

The cancer committee for the program included Drs. Arthur A. Hobbs, Jr., chairman William R. Carson, Frederick E. Clark, and Stanley W Sayer

#### Tumors of the Lung and Mediastinum

POSTGRADUATE instruction in tumors of the Ling and mediastinum, arranged for the Saranao Lake Medical Society by the Medical Society of the Stata of New York in cooperation with the New York State Department of Health, was presented oo November 7 in the John Black Room, Saranac Laboratory, Baranac Lake. Dr. William DeW. Andrus, associate professor of surgery, Cornell University Medical College, in New York City, gave the instruction.

#### Hormonal Therapy

THE second of two postgraduate instructions in practical medicine was given by Dr Ivan Heliminn, assistant professor of medicine, and associate in therapeutics at the University of Buffalo School of Medicine on October 25 before a meeting of the staff of the Memorial Hospital of Greene County

and the Greene County Medical Society Dr Hekimian's subject was "Practical Applications of Hormonal Therapy"

The lecture was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York

#### Cancer Instruction in Albany

CANCER Teaching Day was held in Albany A on October 18 at the Auditorium of the Albany College of Pharmacy, for local physicians, under the auspices of the Medical Society of the County of Albany, the Albany Medical College, the Third District Branch of the Medical Society of the State of New York, the Tumor Clinic Association of the State of New York, the Medical Society of the State of New York, and the Division of Cancer Control of the New York State Department of Health

The afternoon session was opened by Dr Arthur J Wallingford, president of the Medical Society of the County of Albany, who turned the meeting over to Dr John J Clemmer, chairman Two aspects of the disease were taken up at this time "Cancer of the Head and Neck," by Dr Hayes Martin, attending surgeon, Memorial Hospital, New York City, and "Cancer of the Prostate," by Dr Charles B Huggins, professor of surgical urology, University of Illinois After supper at the Fort Orange Post, American Legion, the evening session resumed at the Auditorium under Dr Emerson G Kelly "Cancer of the Stomach" was discussed by Dr George T Pack, attending surgeon, Memorial Hospital, New York City, and "Hormone Therapy and the Prevention of Gynecologic Malignancies" was the topic of Dr Clyde L Randall, professor of gynecology, University of Buffalo School of Medi-

The cancer committee included Dr Clemmer, chairman, and Drs Arthur F Holding and Arthur

W Wright

The program committee included Dr Kelly, chairman, and Drs John G Horner, John G Mc-Keon, Thomas J O'Donnell, Philip S Van Orden, Robert D Whitfield, and Albert M Yunich

#### Kingston Cancer Teaching Day

CANCER teacling day was held in Kingston on A CANCER teating un, was been and Hotel, under the auspices of the Medical Society of the County of Ulster, the Third District Branch of the Medical Society of the State of New York, the Tumor Clinic Association of the State of New York, the Medical Society of the State of New York, and the Division of Cancer Control of the New York State Department of Health

The afternoon session was opened by Dr Mortimer B Downer, and Dr Francis E O'Connor acted as chairman "Cancer of the Skin and Alhed Tumors" was discussed by Dr Earl D Osborne, professor of dermatology and syphilology, University of Buffalo School of Medicine, and "The Role of the Practicing Physician in the Care of Cancer" was the topic of the talk by Dr Frederick S Wetherell, professor of clinical surgery, Syracuse University College of Medicine

After dinner, "Cancer of the Prostate" was discussed by Dr Charles B Huggans, professor of surgical urology, University of Illinois The sessions

closed with an outline of biopsy in tumors

The local committee on arrangements included Dr Francis E O'Connor, chairman, and Drs Wilham S Bush, Frederic W Holcomb, B F Mattison, Charles O'Reilly, Edward F Shea, Frederick Snyder, James S Taylor, and Frederick H Voss

#### PENICILLIN AND SYPHILIS A WARNING

Penicillin has been used in the treatment of syphilis in various stages and has been found effective in clearing up the manifestations of the disease. Stokes,\* in discussing the treatment of late syphilis with penicillin, states that it produces symptomatic and serologic transformations that are equal if not superior to those obtained by long and arduous procedures with arsenic and heavy metals Mooret reviews the history of chemotherapy and concludes, "The rapid and safe cure of early syphilis is just around the corner" He qualifies this statement. around the corner" He qualifies this statement, however, as follows "How best to use it [penicillin], alone or in combination with other forms of treatment, is as yet undetermined but is under organized nation-wide, governmentally sponsored study, from which definite results may be expected rapidly to emerge" This new form of therapy has spurred investigation into other rapid methods of treatment, employing large and frequent doses of agents heretofore used Although the reports of results by all these methods are distinctly encouraging it should be remembered that the determination

of the ultimate cure of syphilis is a long-range process measured in years rather than in months ability of the Treponema pallidum to remain dormant for many years and even affect the second generation many years after birth has been demon-

strated all too frequently in the past

With these tragedies in mind it is well to mix a word of caution with enthusiasm for a new method of treatment until the end results are definitely known It is therefore of special importance that all patients treated for syphilis in this interim of determining the proper and infallible method, if such can be found, should be followed up serologically and physically with great care over a period of years Every returning veteran who has been given penieillin for syphilis should therefore be re-examined from time to time to prevent, so far as possible, the late ravages of the disease in himself and his family

<sup>\*</sup> Stokes, J. H. Am. J. Syph., Gonor & Ven. Dis. 29
313 (1945)
† Moore, J. E. Am. J. Syph., Gonor & Ven. Dis. 29
185 (1945) — New England J. M., July 12, 1945



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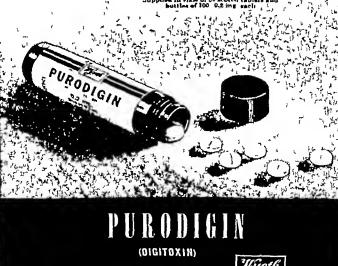
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## Honor Roll

## Medical Society of the State of New York

#### Member Physicians in the Armed Forces

(By County Societies)

Supplementary List

Bronx County Gall, Henry (Lt ) Eric County O'Gorman, Kevin M (Lt.) New York County Carasso, Matteo

Gottlieb, Hugo Gross, David Manbeims, Perry J Pool, John L. Rogoff, Joseph B (Lt) Siegel, Sigmund A. Wagner, Rudolph T

Queens County Meinrath, Hans Morgenstern, David M (Capt.) Munzer, Albert A

Richmond County Hulmck, Alvin

#### ARMY DOCTOR SAYS TRACTION METHOD MOST EFFECTIVE FOR FRACTURES

In evaluating methods of treatment in the fracture of the thigh bone, Col Francis M McKeever advises the election of traction or suspension methods to the exclusion of other types of treatment by

the average surgeon
Colonel McKeever, (MC), AUS, who writes in
the August 4 issue of the Journal of the American Medical Association, is the chief of surgical service and chief of orthopedic section of the Percy Jones General and Convalescent Hospital, Battle Creek,

Michigan.

Fracture of the shaft of the femur or thigh bone "is the cause of prolonged total disability," says Colonel McKeever, "and all too frequently of a severe permanent disability Because of the long period of total disability and the severe economic burden imposed by this injury there have been constant efforts to develop methods of treatment which will shorten enforced resumbanes and thus lighten will shorten enforced recumbency and thus lighten the financial strain of this injury The objectives of these technics have been to effect recovery in the shortest possible time and at minimal cost

The medical officer's study is based on the observation of 47 patients treated in many different army hospitals by many different surgeons. His conclusion was that "the safest method of treatment of this fracture for the average surgeon in the aver-

age hospital is traction."

Traction is the pull applied to the lower fragment of the broken limb to keep it in alignment with the upper fragment Thus traction works to overcome the counter pull of the muscles, which would force the broken ends apart, so that they could not heal

Colonel McKeever states that he does not wish to

criticize any technics or procedures, but points out that since they require a high degree of skill and a "special armamentarium" thoy are not practical for use by the average surgeon. The fixation methods, for instance, either internal or external, involve the fastening of the bone inside or outside of the

leg, with a steel bone plate and transfixion screws.

"The stanchest champion of internal fixation of fractures of long bones in this country," the author observes, "has clearly, emphatically, and consistently warned against the general use of this method by these availabled as "to emphatication or restricted". by those unskilled in its application or restricted as to facilities for its employment."

Complications were most prevalent, according to Colonel McKeever's study, among the group of patients whose fractures were corrected by open opera-tion and set by internal fixation. The most fre-quent and severe disability following in the wake of fracture of the shaft of the femur is loss of knee motion.

In the Journal report, 82 per cent of patients treated by traction could bend their knees to a right angle or better Only 59 per cent of those treated by internal fixation could bend tho knee to a right angle, and right angle flexion was possible in only 57 per cent of those treated by external bone fixation. No patient treated by traction had any loss of mo-tion in the hip, ankle, or foot Colonel McKeever concludes, in judging the re-

sults of treatment by disability resulting from shortening of the limb, from loss of motion in the knee and other joints, and from the degree of muscular wasting away, that both external and internal fixation with plate and screws were "definitely inferior

to traction."

<sup>\*</sup> This list is the thirty-seventh supplement to the Honor Roll published in the December 15, 1942, issue Other supplements appeared in the January 1, January 15, February 15, March 1, March 16, April 15, June 1, July 1, August 1, September 1, October 15, November 15, December 15, 1943, January 15, February 1, February 15, March 1, May 1, May 15, June 1, July 1, July 15, August 1, September 1, October 1, November 1, December 1, 1944, January 1, February 1, March 1, April 1, May 1. June 1, July 1, August 1, and October 1, 1945, issues - Editor



neutral sodium ascorbate tablets—in the treatment of conditions in which vitamin C is indicated. In this way they are securing the maximum corrective effect without the acid-shift, gastric irritation and laxative action that too often result from massive doses of straight ascorbic acid.

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C deficiency and as a chlorine-free substitute for salt in heat-exhaustion.

THE AVERAGE DOSE for adults and children over 12 years is one tablet three times daily, or as indicated by the condition. For children under 12, one-half tablet. This may be dissolved in milk for bables and young children.

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## Medical News

# Annual Assembly of United States Chapter of International College of Surgeons in December

THE Tenth Annual Assembly of the United States Chapter of the International College of Surgeons will be held in Washington, DC, at the Mayflower Hotel, December 6, 7, and 8, 1945, under the chairmanship of Dr Custis Lee Hall, FACS, FICS, and under the presidency of Dr Herbert Acuff,

FACS, FICS Details may be obtained from the Sccretary of the Chapter, Dr L J Gariepy, FACS, FICS, 16401 Grand River Avenue, Detroit, Michigan, or from the office of the Business Secretary, Mr Ralph E Osborne, 1512 Spruce Street, Philadelphia, Pennsylvania

#### Association on Mental Deficiency to Meet in Cleveland

THE sixty-ninth annual meeting of the American Association on Mental Deficiency will be held at the Hotel Cleveland, Cleveland, Ohio, on November 28, 29, 30, and December 1, 1945 The program, as arranged, presents sections on Institutional Administration, Research, Psychiatry, and Medicine

There will also be classes in the fields of mental defect, psychology, and teacher training

The presidential address will be given by Dr E Arthur Whitney, of Elwyn, Pennsylvania, on the evening of November 29

#### Cancer Society Plans \$500,000 Research Fund

A LLOCATION of \$500,000 of the money received in this year's campaign of the American Cancer Society for the start of a research program was announced on October 16 by Dr C P Rhoads, chairman of the research committee formed by the National Research Council in cooperation with the society

The money will be divided among chemical, biologic, and clinical research, and research in physics, of which \$50,000 is recommended for fellowships to attract to cancer research men being released from the armed services and wartime research activities

Besides the fundamental necessity of investigating the disease, the research will inquire into the basic problem of the formation and development of living tissue, essential to an understanding of cancer

Formal announcement of the program was made at 10 00 A M October 17 at the old Memorial Hospital, at a conference of the society's Field Army regional commanders and its medical directors

Dr Rhoads emphasized that the research program

must provide the basis for expansion for ten or more years ahead "The work which is being done this year," he said, "is the foundation on which, with the future gifts of the American people, can be built an ever greater citadel of hope for all mankind."

A statement by the society pointed out that it was coordinated research which solved the problems of the atomic bomb, and said that similar methods might be applied to the problems of disease with comparable results

"There is a difference, however," the society said, "in that the bomb project itself was a gigantic application of knowledge which had previously been discovered in the research laboratories of universi-

"In cancer research a comparable amount of fundamental knowledge has not yet been produced Until it is developed in medical schools, universities, and research clinics a successful solution to the cancer problem cannot be assured—It is the aim of the present program to provide the necessary bases of knowledge which are the first fundamental"

### Baruch Committee Appoints Physical Rehabilitation Consultant

Dr. Frank H Krusen, Director of the Baruch Committee on Physical Medicine, has announced the appointment of Col Howard A Rusk, (MC), AUS, as Consultant on Physical Rehabilitation for the Baruch Committee Colonel Rusk, whose pioneering work as Chief of the Convalescent Division of the Air Surgeon has attracted national attention, will make his headquarters at the New York office of the Committee created a year ago by Bernard M Baruch

#### Postwar Antileprosy Fight On

THE thirty-eighth annual meeting of the American Mission to Lepers was held on October 18 and 19, at the Calvary Baptist Church, New York Dr Eugene R. Kellersberger, the General Secretary, announced that this meeting is the first since the inception of the Mission's Postwar Antileprosy Program for the extension of this Christian medical service. The Postwar Program, under the direction of Mary E. Hughes, has as its final objective the eradication of leprosy from the earth. A fund of \$500,000 is being raised for this work of prevention of leprosy. The plan calls for the establishment of training centers in eight countries where the

incidence of leprosy is highest, so that local assistants may be trained in the detection and treatment of the disease. This advance in the work is added to the established program of spiritual ministry and backing.

The regular work of the Mission was reported upon by physicians and missionaries returned from the field, in Angola, Cameroun, Congo Belge, Nigeria, China, Burma, Korea, Siam, Malaya, and India.

Dr William Jay Schieffelin, President of the Mission since 1906, presided over the general meeting on [Continued on page 2434]

# THE VALUE OF KNOX GELATINE FOR INFANT FEEDING

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[Continued from page 2432]

October 18 Addresses were made by Dr H L Weber, from Cameroun, Africa, and Julia Lake Kellersberger, who is the author of "Congo Crosses"

Luther H Hodges, vice-president of Marshall Field and Company, Chicago, and National Chairman of the Postwar Antileprosy Program, spoke at the annual dinner of the Mission on October 18, at the Henry Hudson Hotel

A. Donald Miller, General Secretary, the Mission

to Lepers, London, addressed the meeting on the long connection of the British and the American Missions, and discussed the cooperation of the Christian churches of Great Britain and United States in the further fight to eradicate leprosy

On Friday morning, October 19, Dr and Mrs. Eugene R. Kellersberger entertained at breakfast at the Henry Hudson Hotel one hundred leaders of local auxiliaries from the various states, followed by a conference of the General Secretary and his wife with the volunteer workers

#### County News

Albany County

The regular meeting of the county society was held in the auditorium of the Albany College of Pharmacy on October 24. Dr Emil Novak, associate professor of obstetrics at the University of Maryland School of Medicine and associate in gynecology at the Johns Hopkins Medical School, gave a lecture on "Functioning Tumors of the Ovary"

Dr Arthur Wallingford, president of the county society, was the principal speaker at the first annual dinner of the Rosary Society of St. Peter's Catholic church, Stillwater, in the DeWitt Clinton Hotel on October 3

Talking on the subject, "Socialized Medicine," Dr Wallingford said physicians as a group are opposed to it and he called it unAmerican, in that it would destroy individual initiative.\*

Columbia County

The annual meeting of the county society was held at the General Worth Hotel on Tuesday morning, October 2

Ma, Ralph Spencer, (MC), AUS, Colonel Morehouse, and Cmdr Norton S Brown, USN, were the

speakers

Major Spencer, Hudson physician, spoke on "Phlebothrombosis and Pulmonary Embolism," and Colonel Morehouse on "Escape from the Philippines with General MacArthur".

**Dutchess County** 

The next regular meeting of the county society was held at the Hudson River State Hospital, Poughkeepsie, on October 10, 1945 The program, a regional teaching day on psychotherapy in general medicine, began at 4 00 pm Dr Leslie A Osborn, assistant professor of psychiatry, University of Buffalo, Dr James H Wall, assistant medical director of New York Hospital, White Plains, and Dr Foster Kennedy, professor of clinical medicine, Cornell University Medical College, presented the papers.

Erre County

Doctors of the Ontario Medical Association, Counsellor District 4, visited the Institute for the Study of Malignant Diseases, Buffalo, on October 3, to learn how this state and the institute are fighting cancer Dr Louis C Kress, institute director, and members of the institute staff were the speakers

The Buffalo visit was part of the program for the all-day meeting arranged by the medical staff of the Douglas Memorial Hospital in Ft Erie It included

\* Asterisk indicates that item is from a local newspaper

nn evening meeting in the Ft Erie Hotel at which Dr R. P Vivian, Ontario minister of health, spoke and an afternoon session in the Bullard Theater, Ft Erie, at which cancer authorities from Buffalo and Toronto discussed various phases of cancer treatment and control

Dr Clayton W Green discussed gastrointestinal malignance and Dr George L Sheehan spoke on Hodgkin's disease Treatment of breast cancer and early diagnosis of cancer was discussed, respectively, by Dr G E Richards and Dr W G Cosbie, both

of Toronto \*

Franklin County

Dr John N Goode, formerly of Kushaqua, has opened an office for the general practice of medicine in Malone

A native of New Jersey, Dr Goode received his degree from the New York Medical College, in New York City, in 1905 He practiced his profession in the metropolis until 1913, when he moved to a small place just outside of Poughkeepsie. In 1919 he went to Saranac Lake \*

Twenty-seven physicians from seven foreign countries and fourteen from the United States attended the thirty-first annual session of the Trudeau School in Saranac Lake. Classes continued through the first week in October \*

Jefferson County

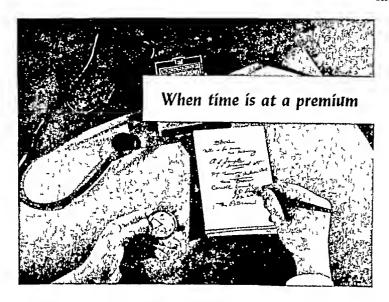
Dr Roy W Vanallen, for the past eight years a practicing physician in Philadelphia, where he has served as health officer for the township, has moved to West Carthage, and opened offices there November 1 \*

Dr E Chifford Soults was discharged from the Army on September 25 after three and a half years in the medical corps He has reopened his offices in Carthage and resumed his practice of medicine, which he interrupted in May, 1942, to volunteer for

military service

Holding the rank of major at the time of his discharge, Dr Soults saw active service in England, North Africa, Iran, France, and Germany during two and a half years overseas. He went into Europe soon after D-Day and had charge of a number of hospitals of the Ninth Air Force. After the German surrender he supervised an increased number of hospitals before returning to this country in the summer. In August he left for Randolph Field, Texas, where he took a refresher course in surgery, and from there he studied at Bellevue Hospital in New York before going to Westover Field for his

[Continued on page 2486]



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#### RAPID RESPONSE

Prompt gratifying relief of distressing urinary symptoms is the characteristic response to Pyridium therapy



For gratifying relief of distressing symptoms in urogenital infections.



[Continued from page 2434]

Dr Soults holds the Bronze Star for gallantry in action and earned five stars on his ETO ribbon for participation in five major engagements '

#### Kings County

A stated meeting of the county society and the Academy of Medicine of Brooklyn was held on October 16 at 8 45 PM in McNaughton Auditorium The scientific program was a celebration of the onehundredth anniversary of the Library of the Medical Society of the County of Kings and the Academy of Medicine of Brooklyn, with addresses by Dr Edward R. Cunniffe, President of the Medical Society of the State of New York, and Dr E Jefferson Browder, directing librarian of the county society and Academy

The Long Island College of Medicine, in Brooklyn, will present the fourth postgraduate course in industrial medicine from January 14 to February 1, Afternoon and evening seminars and morning climes will be devoted to intensive orientation in industrial medical administration, internal medi-cine in industry, the occupational diseases, and industrial surgery. Inquiries should be addressed to the department of preventive medicino and community health, 248 Baltie Street, Brooklyn 2, New York

There will be a meeting of the Pediatrie Section of the county society on Monday evening, November 26, 1945 at 9 00 PM at the Kings County Medical Society Building, 1313 Bedford Avenue, Brooklyn Dr A. M Butler will speak on "Water and Salt Metabolism in Dehydration in Infancy"

#### Monroe County

The regular meeting of the county society was held on October 16 at 8 30 PM The program consisted of a panel discussion of workmen's compensa-tion practice The speakers included Miss Mary Board, State of New York Department of Labor, Dr David J Kaliski, Director, Committee on Workmen's Compensation, Medical Society of the State of New York, John B Hudson, past-presi-dent, Adjusters' Club of Rochester, Charles W Green, LL B, and Dr John C Detro Dr Howard L Prince acted as moderator

Dr M N Smith-Petersen, Boston, addressed a meeting of the Rochester Academy of Medicine on October 2 at 8 45 PM

He discussed "Surgical Treatment of Rheumatoid Arthritis" Climical professor of orthopedic surgery at Harvard University Medical School, Dr Smith-Petersen is originator and first user of the "Smith-Petersen pin" now used extensively in cases of hip

Dr Harold H Baker, president of the academy, presided Other new officers assuming their duties are vice-president, Dr J Craig Potter, secretary, Dr John L Mercer, treasurer, Dr Lyman C Bounton, and assistant treasurer, Dr Henry B Crawford

A dinner in Dr Smith-Petersen's honor was held at 6 30 P M in the University Club '

Dr Rufus B Crain, chairman of the heart committee of the county society, was guest speaker at Rochester Zonta Club luncheon on September 18 at the Rochester Club

Dr Crain is assistant medical director at Eastman Kodak Company and is a member of the American Heart Society He is also interested in the Industrial Workshop for rehabilitation of injured and liandicapped persons \*

A Community Health Education Conference was held in Rochester on October 17 and 18, with meetings at the Rochester Academy of Medicine, the University of Rochester School of Medicine and Strong Memorial Hospital, and the Hotel Sheraton. The conference was sponsored by the Council of Social Agencies, Industrial Workshops, Inc., the Medical Society of the County of Monroe, the New York State Department of Health, the Rochester Health Bureau, the Tuberculosis and Health Association of Rochester and Monroe County, Inc., and the University of Rochester School of Medicine and Dentistry

On October 17 at 9 30 A.M. the subject of "Basic Principles in Health Education" was discussed by the chairman, Dr Harry S Mustard, director, De Lamar Institute of Public Health, New York City, Dr Reginald Atwater, executive secretary, American Public Health Association, Robert Osborn, assistant executive secretary, New York State Committee on Tuberculosis and Public Health, Dr Robert S Westphal, district State Health Officer, New York State Department of Health, Rochester, and Herman Norton, Director, Health and Physical Education, Rochester Board of Education. At a luncheon meeting Dr Frank Krusen, professor of physical medicine, Mayo Clinic, and director of the Baruch Committee on Physical Medicine, Rochester, Minnesota, spoke on "Physical Medicine and Health Rehabilitation." Dr G Kirby Collier, president of Industrial Workshops, acted as chairman At the afternoon meeting, with Dr William A Sawyer, medical director of Eastman Kodak Company, Rochester, presiding, Dr Krusen discussed "Physical Therapy in Industry and the Community"
Discussion was led by Elizabeth Wise, OTR,
director of Industrial Workshops Next on the
program was a discussion on "Health Education in
Industry" by Dr. Loss Colleges Industry," by Dr Ingo Galdston, executive secretary, Committee on Medical Education, Now York Academy of Medicine, Dr Leonard Greenburg, Director of the Division of Industrial Hygiene, New York State Department of Labor, Albany, Dr Charles F McCarty, director, medical activities, Kings County Medical Society, and Marie Goulett, executive secretary, Tuberculosis and Health Association of Rochester and Monroe County, Inc.

A public meeting was held in the evening at which Dr Wilson G Smillie, professor of public health and preventive medicine, Cornell University Medical College, New York City, spoke on "Public Health in the Postwar World" Dr Smillie was introduced by Dr Albert D Kaiser, director of the Rochester Health Bureau and professor of child hygiene at the University of Rochester School of Medicine and Dentistry

On October 18 a discussion of "New Dovelop-ments in Health Education" was held by Drs C C Wilson, professor of health and physical education,

[Continued on page 2438]

# Accent on Velvet Smoothness

The process used in manufacturing the "RAMSES"\* Flexible Cushioned Diaphragm produces a dome which is soft and pliable and can best be described as being as smooth as velvet.

Thus velvet-smoothness lessens the possibility of irritation during use.

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DIAPHRAGM



[Continued from page 2438]

Columbia University, Bruno Gebhard, director of the Cleveland Health Museum and associate in health education at Western Reserve University, Cleveland, James H Lade, director of the Division of Syphilis Control of the New York State Department of Health, Richard C Jaenike, assistant professor of medicine (psychiatry), University of Rochester School of Medicine and Dentistry, Albert D Kaiser, and Miss Edith Walker, associate director, department of health education, Rochester Board of Education.

At the afternoon meeting "Health Education in the Training of Medical and Public Health Personnel" was discussed by Dr W W Bauer, director of health education, American Medical Association, Miss Evelyn Rahm, health educator, US Public Health Service, Spartanhurg, South Carolina, Miss Ruth TeLinde, director, department of public health nursing, University of Syracuse College of Mcdicine, Dr Harold Mitchell, District Health Officer, New York City Department of Health, and Dr Earl Koos, professor of sociology, University of Rochester Dr Harry S Mustard acted as chairman

#### New York County

The appointment of Dr Ernest Lyman Stebhins, New York City Commissioner of Health, as professor of public health administration in the School of Hygiene and Public Health of the Johns Hopkins University, Baltimore, and as assistant director of the school, was announced on October 21 by Dr Isaiah Bowman, president of the university.

Isaiah Bowman, president of the university.

Dr Stehhins is expected to assume active duty under his new appointments by July 1, 1946, when Dr Allen W Freeman, professor of public health administration since 1923, will retire Upon the retirement of Dr Lowell J Reed, director of the school, within the next few years Dr Stehhins will succeed him in that position, according to the announcement.\*

New advances in the rehabilitation of amputation cases, plastic surgery, and other technics to minimize the human cost of war were demonstrated on October 15 at the New York Academy of Medicine.

Army and Navy officers conducted a group of newspaper men through elaborate exhibits the two services presented as part of the Academy's eighteenth annual graduate fortnight. Also present were four disabled veterans, three of them amputees, who told of what Army surgeons had done for them to ease their return to civilian life.

One veteran wore a steel plate because of a head mjury, another had lost a hand, a third had lost a leg, and the fourth had lost both legs. All praised their artificial aids. Artificial hands and legs were described as highly efficient, "once you got used to them," they said.

Regarding recent criticisms by wounded veterans who had found artificial limbs unsatisfactory, it was explained that such men usually were complaining about temporary limbs. Permanent limbs, it was emphasized, were not given to amputees until nine months after they had become adjusted to temporary ones. The Navy showed treatments of injured eyes, ears, mouths and hands, and Navy officers said plastic surgery was making it possible to make many wounded appear as normal human beings again.

The exhibits were open until October 22

The regular monthly meeting of the Association for the Advancement of Psychotherapy was held at the New York Academy of Medicine on October 26 at 8 30 pm Dr Frederic Wertham read a paper entitled "A Psychosomatic Study of Myself" Discussion was led by Drs Carl Binger and Nolan D C Lewis

Dr Henrik Dam, D Sc, associate member of the Rockefeller Institute for Medical Research, delivered the Edward Gamaliel Janeway lectures at Mt Sinai Hospital on October 30 and 31 at 8 30 PM His topics were "Medical Aspects of Vitamin K" and "Some Effects of Vitamin-E Deficiency and Fatty Acids"

Dr Ernest L Stchhins, Commissioner of Health, announced on October 16 that Dr Ralph S Muckenfuss has returned from military service and has resumed his duties as Director of the Bureau of Laboratories of the Department of Health Colonel Muckenfuss has been on military leave since July 22, 1942

During his service, Dr. Muckenfuss commanded the First Medical General Laboratory in the European Theater of Operations and was stationed in England and in Paris. He was also in command of the European Theater blood hank. For his outstanding services he was awarded the Legion of Merit. The citation reads as follows.

"Lt Col Ralph S Muckenfuss, Medical Department, United States Army, for exceptionally meritorious conduct in the performance of outstanding services as Commanding Officer, 1st Medical General Laboratory, from 28 June 1943 to 19 January 1945 Through the initiative and energy of Lieutenant Colonel Muckenfuss, the 1st Medical General Laboratory, the first organization of its type, was set up in the United Kingdom The unit performed in a superior manner its mission of assisting all hospital laboratories, performing laboratory examinations beyond the resources of hospitals, maintaining the only virus diagnostic laboratory in the United Kingdom, maintaining a veterinary laboratory, and investigating the causative factors of epidemics. As United Kingdom Consultant in Research, Lt Col Muckenfuss did much to further the scientific hackground of medical practice in the European Theater of Operations. Under his supervision, the only blood bank in the United Kingdom was organized Entered military service from New York."

During the absence of Dr Muokenfuss, Dr David D Rutstein, Deputy Commissioner of Health, acted as Director of Laboratories in addition to his duties as Deputy Commissioner Dr Rutstein will devote full time to his duties as Deputy Commissioner

October 15 marked the beginning of Harlem's Chest X-Ray Jamhorees, the highlight of a two-month antituberculosis campaign in that section of the city, it was revealed on October 12 by Health Commissioner Ernest L Stebbins Free chest x-rays were offered during the campaign to overy adult resident of Harlem, an area where tuberculosis still kills nearly ten people every week

Jointly sponsored by the Central Harlem Health

[Continued on page 2440]

# Dependable Hounishment During that all-important FIRST YEAR OF LIFE ALBERT THE MARKET THE MARKE

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# SIMILAC. SIMILAR TO HUMAN MILK

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#### [Continued from page 2438]

Center of the New York City Department of Health, the Harlem Tuberculosis and Health Committee of the New York Tuberculosis and Health Association, and the Manhattan Central Medical Society, the campaign will feature four "chest x-ray jamborees" of a week's duration each at four conveniently located headquarters They will be open to all comers 15 years of age and over Every person x-rayed will be given a bright lapel button, as proof that he has availed himself of this valuable health service A new-type portable x-ray unit to be used in the campaign entirely eliminates the need for un-Attending physicians will hold all results in strictest confidence

The first chest x-ray jamboree took place October 15-19 at the Central Harlem Health Center from 3 00 to 9 00 P.M The Union Baptist Church was the site of Jamboree Number two, held October 22-26 The third Jamboree was between October 29 and November 2 at the Lower Harlem Chest On the second floor of the Consolidated Edison Company's office, the fourth Jamboree was held on November 5, 7, 8, and 9, from 10 00 A M until 4 00 P M, and on November 10 from 9 00 A M

until noon.

All adults residing in the Harlem area or near it were cordially invited to visit the Jamboree nearest their homes Physicians practicing in the area could refer their patients to the Jamborees for free

chest x-rays

Gayly colored folders, handbills, and subway station billboards publicized the free x-ray offer Another device to promote attendance at the Jamborees was arrow-shaped signs, posted throughout the area to point the way to each week's Jam-boree Free chest x-ray tickets were distributed at community houses, lodge rooms, drug stores, shops, and other locations in the community during this concerted campaign to help Harlem "X Out TB with an X-Ray"

#### Oneida County

The regular meeting of the Utica Academy of Medicine was held in the Hotel Utica on September 20 at 8 00 PM The program consisted of motion pictures, obtained by Dr A. Verne Johnston, on the subjects of "Human Sterility" and "Edema—Cardiac and Renal"

Dr J D Krombach, who has been occupying the home and offices of Dr Theodore Prowda, in Sherrill, has moved to Syracuse, where he will begin practice \*

#### Ontario County

The fourth quarterly meeting of the Ontario County Medical Society was held at the Canandaigua Hotel, Tuesday, October 9
"A Stitch in Time," a sound movie on accident prevention provided by the New York State Description partment of Health, was shown, and Dr Arthur M Stokes, of Mount Morris Tuberculosis Hospital, gave a talk on "Control of Tuberculosis" The program was preceded by a business session at 5 00 PM and dinner at 6 30 PM.\*

#### Schenectady County

Among the Schenectady physicians who have returned to practice after serving in the armed forces is Dr Peter A. Cassella, who has opened an office in Schenectady

Dr Cassella was honorably discharged September 15 after four and one-half years in the Army, two years of which were spent overseas As a battalion surgeon, he participated in four major campaigns, including the invasion of Africa, Algiers, Tunisia, and Sicily \*

Dr Roland L Faulkner has received his honorable discharge from the army after serving since September, 1942, and resumed his medical practice in Schenectady on September 28

Dr Faulkner was sent overseas in August, 1943, and served as a flight surgeon with the Army Air

A graduate of Albany Medical School, he interned at Ellis Hospital He practiced in Schenectady for three years prior to induction \*

#### Seneca County

The annual meeting of the Seneca County Medical Society was held on October 25, 1945, in Elhott Hall, Willard State Hospital, Willard A moving picture film, "Parkinson's Syndrome," was shown, and Comdr. F. W. Bush, (MC), USN, of Sampson, spoke on "Medical Service in the Southern Pacific Area," and Maj Emil J Bove, (MC), USA., of Seneca Falls, on "Service in the Medical Department in India"

#### Suffolk County

The annual meeting of the county society was held on October 24

#### Warren County

Dr James A Glenn, Jr, of North Creek, was elected president of the county society at its annual dinner meeting conducted last night in The Queens-He succeeds Dr Burke Diefendorf, of Glens Falls

Dr W W Bowen, of Glens Falls, was elected vice-president, succeeding Dr P H Huntington, of Warrensburg, and Dr. Lester C Huested, of Glens Falls, was re-elected secretary-treasurer

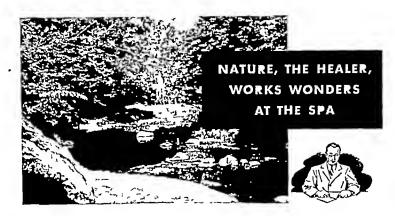
A highlight of the meeting was a general discussion of the proposed possible plan for prepayment medical and surgical service for the public Speakers were Mr George P Farrell, director of the Bureau of Medical Expense Insurance, Medical Somety of the State of New York, and Edward Evans, director of the Associated Hospital Service of the Capital Dis-

#### Washington County

The annual meeting of the county society was held on October 16 at 4 00 PM in the Court House, Hudson Falls The scientific session included two "Pernarteritis Nodosa," by Dr Joseph lectures M Lebowich, pathologist at Saratoga and Mary McClellan hospitals, and "Some Factors in the Treatment of Coronary Heart Disease," by Dr H Dunham Hunt, physician, Saratoga Hospital

Officers elected at the meeting were president, Dr Leshe A. White, of Whitehall, vice-president, Dr I C Oestreicher, of Cambridge, treasurer, Dr C A Prescott, of Hudson Falls, secretary, Dr D M Vickers, of Cambridge, censors, Dr W S Bennett, of Granville, Dr R. E Borrowman, of Fort Edward, Dr Z V D Orton, of Salem, chairman of legislative committee, Dr Bennett, theirman of multic platting committee Dr Borrowchairman of public relations committee, Dr Borrowman, chairman of workmen's compensation com-

[Continued on page 2442]



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Here your patient is relaxed in both mind and body, so that the therapeutic values of the Spa'a naturally carbonated mineral waters are enabled to exert their maximum efficacy

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rheumatio disorders receives the benefit of the Spa's restorative powers under a regimen of treat ment which you yourself recom mend

Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

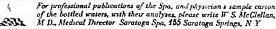
With your patient at the Spa, you find needed relief from postwar atrain in the knowledge that your directions for his continuing care will be faithfully carried out.



#### "PHYSICIAN GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treat ments that helped their patients here. After a restorative "cure" at the Spa, you, too would return to your practice refreshed—resultanced—ready for the busy days that still lie ahead

#### THE EMPLRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION



#### [Continued from page 2440]

mittee, Dr M A Rogers, of Greenwich, delegate to State Society, Dr D M Vickers, rehabilitation committee, Drs E V Farrell, D W Leonard, and D F MacArthur

#### Westchester County

Effectiveness of ultraviolet-ray irradiation of schools, churches and theaters in the control of airborne diseases, such as influenza and colds, will be tested in a three-year experiment in Pleasantville, Dr William A Holla, Westchester County

Health Commissioner, announced on October 10
The test, which Dr Holla said would be the first to be applied to an entire community, will begin January 1, when ultraviolet ray lamps will be in-stalled in Pleasantville's three schools, eight

churches, and one movie theater

Sponsors of the project, with the County Health Department, are the Milbank Memorial Fund, which will defray part of the expenses, the School of Medicine of the University of Pennsylvania, which has been conducting research on the plan, and the General Electric Company, which will provide the ultraviolet lamps

Dr Mildred Wells, of the faculty of the School of Medicine at Pennsylvania, will supervise the

test

Besides influenza and cold, the experiment is

armed at such diseases as mumps, measles, and some types of pneumonia, Dr Holla said He explained that the village of Mt Kisco, seven miles north of Pleasantville, slightly larger in population but comparable in school population, will be kept under observation as a "control" on the three-year expen-

Thirty women physicians of Westchester were guests of the county society at dinner on October 2 at the Roger Smith Hotel, White Plains was informal discussion concerning the responsibilities of women physicians in organized medicine.

One of the guests at this dinner was Maj Barbara Stimson, of Briarcliff, who has just returned from England after three years service with the British Army Other women physicians of the county who were present included Drs Hazel J Trefts, Elvim Ostlund, and Margaret Loder, of Rye, and Dr

Gertrude M Hyde, of Port Chester
Officers of the Society who served as hosts included Dr Laurance D Redway, of Ossining, president, Dr Isadore Zadik, of Mount Vernon, president-elect, Dr Robert B Archibald, of Bedford, vice-president, Dr Henry E McGarvey, of Bronxville, secretary, Dr Reginald A. Higgons, of Port Chester, and Dr George C Adie, of New Roshelle Rochelle

# Necrology

Peyton Fortine Anderson, MD, of New York City, died on October 10 of a heart ailment, at the age of 54. He was graduated from the New York Homeopathic Medical College in 1913 and later did postgraduate work at the University of Vienna Dr Anderson was an associate visiting physician at Harlem Hospital, associate attending physician at Sea View Hospital, and vice-chairman of the Harlem committee of the New York Tuberculosis and Health

Lasar Noah Andres, M D, of New York City, died on October 15 after a brief illness, at the age of 65 Dr Andres received his medical degree at North-western University, Chicago, in 1911 During the last war he was consulting surgeon to the American Service Flying Foundation He had been assistant surgeon at the Manhattan Eye, Ear, and Throat Hospital for twenty-seven years He was a diplo-mate on the American Board of Otolaryngology, and a member of the medical societies of New York State and County and the American Medical Association

Ray Beardsley, M.D., of Binghamton, died on September 7 after an illness of over six weeks was 80 years old Dr Beardsley was one of the leading physicians of Broome County for more than forty years, until his retirement three years ago He was graduated from Long Island College of Medicine in 1895 A past president of the Broome County Medical Society, he also held membership in the Academy of Medicine, the Medical Society of the State of New York, and the American Medical Association

Frederic Stephens Cole, MD, of Inlet, died on September 12 at the age of 81 A graduate of the College of Physicians and Surgeons, Columbia Uni-

versity, class of 1891, Dr. Coles had been a practicing physician in Herkimer County for sixteen years

John Leader Corish, M D, of Queens, died on September 27 at his home after a brief illness He was 80 years old, and had practiced in Brooklyn and Queens for the past fifty years He was graduated from the College of Physicians and Surgeons, Co-

lumbia University, in 1887

Robert Michael Elliott, M.D., of Canadaigua, died on October 5 at the age of 82 A native of England, Dr Elliott joined the Rochester State Hospital staff in 1890 immediately after graduation from the University of Buffalo School of Medicine. Prior to his retirement in 1934 he had been superintendent of Willard State Hospital for thirty years. He was at one time also superintendent of the Brooklyn division of Brooklyn State Hospital He was a member of the Ontario County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Julius Essrig, MD, of Mount Vernon, died October 10 at the age of 55 A past president of the Mount Vernon Medical Society and associate surgeon of Mount Vernon Hospital, he was graduated in 1913 from the New York University and Bellevue Medical College He was a Fellow of the American College of Surgeons and a mamber of the Medical College of Surgeons, and a member of the Medical Society of the State of New York and the American Medical Association

Henry S Fischer, M.D., of Brooklyn, died on September 28 at the age of 50 He was graduated in 1918 from the College of Physicians and Surgeons, Columbia University, and served his internship at Mt Sinai Hospital He has been on the staff of Both Many Heart Heart See 1 Beth Moses Hospital since 1920, recently serving

[Continued on page 2444]



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#### [Continued from page 2442]

there as attending gynecologist Dr Fischer was a member of the Kings County Medical Society, the American Medical Association, and the Medical Society of the State of New York, and was a diplomate of the American Board of Obstetrics and Gynecology

and a Fellow of the American College of Surgeons
Joseph Shem Gian-Franceschi, M D, of Buffalo,
died on October 17 He was 61 years old A graduate of the University of Buffalo School of Medicine in 1908, he was a diplomate of the American Board of Radiology, a Fellow of the American College of Radiology, a member of the Radiological Society of North America, and secretary and past-president of the Buffalo Radiological Society He was also a member of the medical societies of New York State and Erie County, and the American Medical Association His hospital appointments included Columbus Memorial and Emergency hospitals, where he was roentgenologist, and Lafayette General Hospital, where he was associate roentgenologist

Charles Manly Griffith, Comdr, USNR., of New York City, died on October 9 at the age of 52 Commander Griffith had participated in the South Pacific campaign and had received the Purple Heart and the Navy Cross A graduate of the University of Virginia Medical College in 1917, he was a diplomate of the American Board of Otolaryngology, a fellow of the American College of Surgeons, a member of the American Academy of Ophthalmology and Otolaryngology, the New York Otolaryngological Society, the medical societies of New York State and County, and the American Medical Association Before entering the service he was on the staff of the Manhattan Eye, Ear, and Throat Hospital, and was consulting otolaryngologist at St Agnes Hospital, in White Plains

Walter George Hallstead, M.D., of Penn Yan, died on September 19 at the age of 58 He was graduated from the Cornell University Medical Col-lege in 1911, and served his internship at the Hospi-tal of Mary of the Immaculate Conception, in Queens He was a member of the Yates County

Medical Society, the Medical Society of the State of New York, and the American Medical Association Smith Ely Jelliffe, M D, of New York, died at Hulett's Landing on September 25 at the age of 78 Dr Jelliffe was an editor, author, and educator in the field of psychatry and neurology He was at one time editor of the Medical News, associate editor of the New York Medical Journal, and managing editor of the Journal of Nervous and Mental Diseases, and of the Psychoanalytic Review from 1913 until his death He had served as president of the American Psychopathological and Psychoanalytical societies, was a diplomate of the American Board of Psychiatry and Neurology, a Fellow of the New York Academy of Medicine, and a member of the medical societies of Washington County, New York State, and the American Medical Association

He was graduated in 1898 from the College of Physicians and Surgeons, Columbia University, and

ten years later received an AM and Ph.D from Columbia University During his life he was a psychiatrist at Binghamton State Hospital, clinical professor of mental diseases at Fordham University Medical School, instructor in materia medica and therapeutics at the Columbia College of Pharmacy, professor of pharmacognosy and technical microscopy at the same college, and adjunct professor of diseases of the mind and nervous system at the Post-Graduate Medical School and Hospital He was also former consulting neurologist at Manhattan State and Kings Park hospitals

1915 from the University of Buffalo School of Medicine, and immediately afterwards spent three years at Mt Sman Hospital in the study of roentgenology Ho was a member of the Radiological Society of North America, the medical societies of Erie County and New York State, and the American Medical Association He was also a Fellow of the Buffalo Academy of Medicine, and consultant roentgenologist at the Adams Memorial Hospital

Francis J McMenamin, M D, of Onconta, died on October 1 at the age of 65 Dr McMenamin was an ear, eye, nose, and throat specialist in Oneonta for thirty-three years He was graduated from the Long Island College of Medicine in 1907, and was on the staff of the Fox Memorial Hospital in Onconta He was a member of the medical societies of Otsego County and New York State, and of the American Medical Association

Virgi D Selleck, MD, of Glens Falls, died on October 14 at the age of 68 Dr Selleck was graduated from Albany Medical College in 1903, and was epidemiologist at Glens Falls Hospital He served twenty-six years as city health officer of Glens Falls, and was a member of the American Public Health Association

George Charles Stoll, M D, of Niagara Falls, died suddenly on September 27 He was 40 years old Dr Stoll was graduated from the University of Buffalo School of Medicine in 1929 and served his internship at Buffalo General Hospital He also served as resident physician at Children's Hospital, Buffalo, before going to Niagara Falls in 1932 to begin general practice. In that city he was also on the staff of Mount St. Mary's and Memorial hospitals. He was a fellow of the Buffalo Academy of Modune and a release of the Niagara County. Medicine, and a member of the Niagara County

Medical Society, the Medical Society of the State of New York, and the American Medical Association Harry G Watson, M D, of Queens, died on October 1 at the age of 76 Dr Watson received his medical degree from Yale University Medical School in 1808 while sevening as an assistant to the School in 1898 while serving as an assistant to the He interned at St university's physical director

Mark's Hospital in New York



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If we re really serious about want ing to see that our men get what they

have so richly carned we'll buy ext Bonds in the Victory Loan

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NEW YORK STATE JOURNAL OF MEDICINE

# Hospital News

#### Representatives of Nation's Blue Cross Plans to Meet in New York

PLANS for extending prepaid hospitalization to every employed person in the country were discussed at the national conference of Blue Cross Plans held October 29-31 at the Hotel Commodore, The conference was attended by New York City hospital leaders and representatives of the nineteen million persons affiliated with America's eighty-seven Blue Cross Plans

Scheduled speakers included Louis H Pink and Frank Van Dyk, president and vice-president, respectively, of Associated Hospital Service of Now York, which serves more than two million Blue Cross

subscribers in Greater New York.

With five states, representing 5 per cent of the

population of this country, still uncovered by Blue Cross Plans, the conference will be primarily concerned with methods of making the hospitalization service nationwide

Other projects considered at the conference included cooperation with management and labor to include health benefits in wage agreements, convenient transfers and out-of-town benefits, recommendations for extending medical and surgical bill prepayment plans, encouragement of individual and community enrollment with emphasis on rural areas, payroll deduction for federal government employees, and coordination with tax-supported programs of medical care

#### Rules for Admission of New Patients to State Institute for the Study of Malignant Diseases

EACH patient must be referred by a physician, who is requested to make appointment for admission, in advance, giving the following informa-

Name, address, age of patient

Location of lesion and extent of disease

Physical condition of patient (state whether or not patient is ambulatory)

Factors and dates of treatment, if irradiation

has been given

Operative findings and slide, if operation has

been done (state extent of recurrence)
6 Biopsy report and slide, if biopsy has been dono and tissue has not been sent to our laboratory

Upon receipt of this information, an appointment will be given at the earliest possible date the patient The demand for beds 18 can be accommodated greater than the supply and therefore most ambulatory patients may have to be treated as outpatients

If, for any reason, a patient is unable to keep an appointment, it is requested that the Institute be notified as far in advance as possible

The policy of the Institute is to concentrate on the treatment of primary cancer, to eliminate all hopeless cases, and bonign cases where feasible Treatment is free to residents of New York State. Residents of other states are not accepted for treatment or examination

Due to our limited facilities, prophylactic treat-

ment is not given to postoperative cases

#### Improvements

About twenty-five rooms for personnel in the Lawrence Hospital Nurses' Home, Bronxville, have been completed on the fifth and sixth floors and are in the process of being furnished, Albert J. O'Brien, superintendent of the hospital, said on September Rooms in the sixth-floor penthouse quarters are the same as the other rooms, Mr O'Brien explained \*

A Mullikin portable iron lung was presented by members of Ithaca Lodge 666, Loyal Order of Moose, to Memorial Hospital, Ithaca, on September 22

On behalf of the lodge membership and officers Edward Barron, governor of the Moose Lodge pointed out that while the lung was being presented to the hospital, its use was not to be confined to that institution, and that it would be made available to the Reconstruction Home if needed \*

Modernization and improvements at the City Hospital, Schenectady, costing approximately \$11,200, are now underway, Dr William C Treder, city health commissioner, said on September 9 addition, a \$7,166 x-ray unit has been ordered.\*

#### At the Helm

Election of Dr Edmund Ezra Day, president of Cornell University, and Mrs Albert D Lasker to the board of managers of the Memorial Hospital for the Treatment of Cancer and Allied Diseases, in New York City, was announced on September 24 by Reginald G Coombe, president of the hospital \*

Thomas J Watson, president of the International Business Machines corporation, has accepted an invitation to serve as a member of the board of trustees of Vassar Brothers Hospital, Poughkeepsie,

Robert Hoe, president of the local hospital board, made known on September 28

Mr Watson was elected as a member of the Vassar Hospital board at its regular meeting on Wednesday, October 10 The board, which acted on the matter at a special meeting September 27, will be increased from mineteen to twenty members, Mr Hoe said \*

Miss Eileen Young, who has been on the staff of Memorial Hospital in New York City for the past

<sup>\*</sup> Asterisk indicates that item is from a local newspaper.

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#### [Continued from page 2446]

two years, has become director of social service at White Plains Hospital, William G. Illinger, administrator, announced on September 26

While at Memorial Hospital, Miss Young, among other duties, carried on a year's research for better coordination of the hospital's gynecologic service with welfare problems. For two years a member of the Port Chester United Hospital social service staff, she has worked with crippled children as consultant for the State of Nebraska and has been active in the North Atlantic District of the American Association of Medical Social Workers \*

Harold B Storms, a member of the Board of Trustees of Mount Vernon Hospital for the past nine years, and vice-president for the past two, was elected president of the hospital at a meeting on September 17 He succeeds Arthur L Zerbey

Chairman of the Executive Committee of the Board for three years, Mr Storms became acting president when Mr Zerbey resigned recently be-

cause of the pressure of private business \*

Frank M Folsom has accepted the chairmanship of the radio manufacturers' and distributors' divi-sion of the Alfred E Smith Memorial Committee, which is seeking funds for a \$3,000,000 sixteen-story addition to St Vincent's Hospital, it was announced on October 19 Percy C Magnus was appointed Percy C Magnus was appointed

chairman of the drug division.

Peter F Regan, Jr, was named chairman of the electrotypers' and stereotypers' division, P J Perrusi, chairman of the topographers' division, and Edward White, chairman of the photo-

engravers' division

Leonard Ginsberg, chairman of the apparel and merchandising section, announced the appointment of the following subchairmen Harry Zucker, Louis Seeman, Albert I Freeman, and Louis Cohen

James A Farley, former Postmaster General, 18 general chairman of the national committee \*

R C Reynolds and E Harold Cluett, both of Troy, were named honorary members of the board of directors of Samaritan Hospital at a meeting of the directors on September 19

This is the first time in the history of the hospital that such appointments have been made Both Mr Reynolds and Mr Cluett have served for more

than twenty-five years as directors

Miss Ruth Hart Eddy, of Old Bennington, was

named a director

#### Newsy Notes

The Wyckoff Heights Hospital, Brooklyn, will proceed immediately with the plans for erection of a wing, which will increase bed capacity by one hundred and fifty The cost of the wing, exclusive of furnishings and equipment, will be \$500,000 \*

The Nurses Alumni of Benedictine Hospital have announced that their organization has subscribed \$5,000 to the Hospital Building Fund Appeal making public this contribution, Mrs

The board expressed appreciation for the service of the two who now become honorary members. saying that their many years on the board are deeply appreciated by all connected with the hospital.

Dr Robert D Whitehead, head of the neurosurgery department of Albany Hospital, was ap-

pointed consultant to Samaritan Hospital

Dr Frank E Sutton, assistant director of the Rochester General Hospital, has been appointed acting medical director

He will take the place of Dr Christopher G Parnall, medical director for twenty-one years, who retired recently Dr Sutton assumed his new duties on September 31, it was announced by Elliott W Gumaer, head of the hospital's board of directors \*

Arthur C McGowan, of White Plains, has been elected a governor of White Plains Hospital, Alexander C Nagel, Hospital Association president, announced on September 21

A director and secretary of the Wyandote Woolen Company of New York City, Mr McGowan is also a director of the Great Eastern Fire Insurance Com-

pany '

Samuel Rothschild was elected president of the Nathan Littauer Hospital Association at the annual meeting of the association and the Board of Managers, held at the hospital on September 18 At the same time other officers were named and the board received and regretfully accepted the resignation of Miss Marjorie McComb, who has been assistant superintendent for about thirteen years

The annual meeting was opened with Jacob Zuckerwar as temporary president and the associa-tion proceeded to name the Board of Managers for Rothschild, John Naudin, Ernest Van Denburgh, Ralph O Collins, Richard Parkhurst, G G W Green, Charles E Dart, Herbert D Edwards, Anson D King, Lt Cmdr Lydon F Maider, Edwards, C Nauder Lydon F Maider, Edwards, C Nauder Lydon Spaces Leon Zuglerreng, Elmer C Naylor, Leon Swears, Jacob Zuckerwar, Elmer Little, of Johnstown, Harold J Smith, W B Van Dreser, J Myer Schine, Mrs John Ireland, Mrs F Law Comstock, and Mrs H C Denham

The Board of Managers, at their organization session, elected Mr Rothschild as president and the John Naudin, first vicefollowing other officers president, G G W Green, second vice-president, Ernest Van Denburgh, treasurer, Ruchard Park-hurst, assistant treasurer, Ralph O Collins, secretary, and Mrs H C Denham, executive director

Montafia, president of the Nurses Alumni stated "The nurses of the Benedictine Alumni, fully appreciating their training at Benedictine, consider this opportunity a privilege to give full expression of their interest and gratified."\* of their interest and gratitude

Plans are under way for enlargement of the Moses-Ludington Hospital at Ticonderoga to provide space for twenty-five additional beds A wing

[Continued on page 2450]



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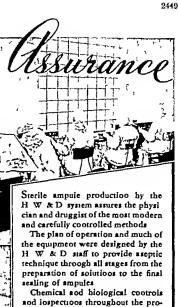
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NSON WEST COTT

#### [Continued from page 2448]

is to be added for this purpose Horace A Moses gave the first hospital to the village He built the first hospital, now the nurses' home, at his own ex-A new hospital was started in 1918 A portion of the new wing will be dedicated to the memory of Mrs Howland G Pell, who left a fund for construction of an addition

As a gesture of affection for Dr John E White, long a surgeon and physician on the staff of the Alice Hyde Hospital, and at the suggestion of the president of the staff, Dr F F Finney, a room has been set aside at the hospital where he may receive patients referred by other physicians, for consultation

The room, originally planned as a central supply room, but long unused because of the personnel situation, was arranged by Miss Isabel Reardon, superintendent, assisted by employes of the hospital, as a surprise to Dr White

Dr Leon Passino presented a desk lamp and Dr F F Finney an office table, as part of the furnish-The remainder of the equipment is from the former office of Dr White A basket of flowers, presented by Dr Daisy H. Van Dyke, adorned the room when Dr White was "introduced" to his new office

New York University Collego of Medicine announced the official opening of a campaign for \$750,000 to build the Hall of Residence of the proposed NYU-Bellevue Medical Center October 22 at a luncheon at the Fifth Avenue Hotel, and at the same time indicated that \$615,000 has already been raised toward that goal by Maurice Levin, chairman

of the Hall of Residence Campaign Committee
The campaign is the second in a series to which the public will eventually be asked to contribute \$15,000,000 for the six major building units of New York University's share of the proposed \$27,500,000 N Y U -Bellevue Medical Center, a joint city and university institution. The Alumni Association of NYU College of Medicine announced on October 16 its campaign for a \$500,000 fund to erect Alumni Hall Auditorium, of which \$122,000 already has been raised

The Hall of Residence will be erected at Thirtythird Street, between First Avenue and the Franklin D Roosevelt Drive, at the northern end of the new medical center, which will stretch from Twenty-fifth

to Thirty-fourth Street

Plans for construction of an addition to St Peter's Hospital, Albany, which will accommodate one hundred and fifteen patients, were announced on October 5 by the Rev Mother Mary Borromeo, superior of the Sisters of Mercy in Albany

The project, to be started in the spring, has been authorized by the hospital trustees, headed by the Most Rev Edmund F Gibbons \*-

A \$6,000,000 veterans hospital is to be built on an eighteen-acre site in the Fort Hamilton Military Reservation in Brooklyn, Gen. Omar N Bradley,

Veterans Administrator, announced on October 8 in

Washington.

The one-thousand-bed hospital will be designed for general medical and surgical cases Funds for its construction are included in the 1946 appropriation act, the independent Offices Bill The Veterans Administration is acquiring the site by transfer from the War Department, and right of entry already has been granted

The site of the new hospital will be in the southeast part of the Fort Hamilton Reservation, which includes a total of 175 acres Barracks now occupy These have been used during the war to house soldiers entering and leaving the port \*

All general hospitals should accept communicable disease patients so that more nurses can become experienced in that field, Dr Robert Korns, acting head of the Communicable Disease Division of the Now York State Hoalth Department, told the Northeastern Hospital Association at a meeting held in Albany, recently

Dr Korns spoke on the subject of hospitals' rele in the control of communicable diseases. He stated the department has doctors and nurses anxious to serve with hospitals in any problem relative to such diseases from the medical or nursing standpoints. The doctor informed the group the length of isolation for various maladies has been shortened in some instances from seven to twenty-one days

General hospitals should train their nurses in the treatment of communicable diseases. About 50 per cent of the student nurses receive no training at

all in the field, he said.

Dr Korns recommended the use of ultraviolet lights, the use of certain vapors, and the control of dust in the sick room by employing oil on the floor, walls, and linen.\*

Frank D Schroth, publisher of the Brooklyn Eagle, addressed the opening luncheon of the sixtyseventh campaign of the United Hospital Fund and the Visiting Nurse Association of Brooklyn en September 25, at the Hotel St George, Brooklyn. Mr Schroth, who recently returned from a tour of the Pacific battlefronts, related some of his ex-periences He has been active in behalf of fundraising campaigns, and is the chairman of the Brooklyn Chapter of the Red Cross

Adrian Van Sinderen, chairman of the Brooklyn Division, announced the goal for Brooklyn in the citywide appeal of \$1,661,255 on behalf of the eighty-six member hospitals and the Visiting Nurse Association of Brooklyn will be \$250,000, a queta of \$25,000 greater than last year Approximately 50 per cent of hospital care in the United Hospital Fund member hospitals in Brooklyn is provided free or at less than cost. Last year in these non-profit hospitals 101,094 bed patients were given 1,305,009 days of care, 98,520 individuals made 1,305,009 days of care, 98,520 individuals made 447,514 clinic visits, 21,548 babies were born in the United Hospital Fund member hospitals and 49,946 ambulance calls were answered by these hospitals, 179,531 visits were made by the Visiting Nurse Association, and 33,691 patients cared for

Everett M Clark is the executive vice-chairman, and Mrs Henry Mannix is chairman of the Women's The treasurer of the United Hospital Committee

Fund campaign is Edward P Maynard



uccessful management of high blood pressure calls for a regimen which is adjusted to individual requirements. Physical activity is gen erally curtailed and overwork is avoided. In certain circumstances special diets are prescribed and the use of stimulants is restricted.

These measures are often supplemented with the administration of Theominal. This combined vasodilator and sedative aids in reducing blood pressure to a more normal level. As a consequence hypertensive symptoms are relieved and the risk of complications is reduced.

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Supplied in bottles of 25, 100 and 500 tablets.

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NEW YORK, N Y WINDSOR, ONT

# Woman's Auxiliary

### To the Medical Society of the State of New York

#### Second District Branch Meeting

ON OCTOBER 24 several members of the Woman's Auxiliary to the Medical Society of the State of New York attended the thirty-ninth Annual Meeting of the Second District Branch, held at the US Naval Hospital at St Albans Those attending the luncheon after a tour of the hospital were Mrs Edwin A Griffin, State President, Mrs Henry J Jauch, President of the Kings County auxiliary, Mrs Louis Van Kleeck, President of the Nassau County auxiliary, Mrs William

C Carhart, President of the Suffolk County aux diary, Mrs Daniel Swan, former State President, Mrs A. F R Andresen, Mrs Valentine Bourke, Mrs Frederic E Elliott, Mrs Harry H Hamilton, Mrs Nelson Holden, Mrs Walter J Puderbach, Mrs Robert M Rogers, and Mrs George H Smith, all of Kings County Miss Yolande Lyon, of the Public Balettons Ruppin of the Medical Scort of Public Relations Bureau of the Medical Society of the State of New York, also attended the meet-

#### County News

Oneida County The Woman's Auxiliary to the Medical Society of the County of Oneida held a luncheon meeting on October 16 at the Tengega Country Club, Rome, with Mrs Bradford F Golly, of Rome, presiding There were twenty-nine members present The guest speaker was Mr George P Farrell, Director of the Bureau of Medical Care Insurance of the Medical Society of the State of New York Mr Farrell gave a most informative talk on the important features of medical programs. talk on the important features of medical insurance

After a brief business meeting Mrs Bradford Golly, Mrs Oswald J McKendree, and Mrs William Hale, of Utica, reported on the House of Delegates meeting in Buffalo, held at the Statler

Hotel October 8-9

Orange County A regular meeting of the Women's Auxiliary to the Orange County Medical

Society was held at the home of Mrs Carlos E Fallon in Newburgh on October 2 The President, Mrs W A Schmitz, of Middletown, presided Eight new members have been gained in the past

The members present were told of the completed plans and work that had been done for the Cancer Control Meeting held in the Auxiliary Hall of the State Hospital at Middletown on October 30 at 7 30 PM. The meeting was sponsored by the Orange County Auxiliary and the American Cancer Society, which is headed in Orange County by Mrs. Harry F Pohlmann, of Middletown.

The speaker at the meeting was Dr Louis C Kress, who heads the New York State Cancer Re-

search Institute

The Newburgh members entertained our Auxiliary after the meeting

#### "DOCTOR JONES" SAYS-

This question of vaccination against smallpox somehow it reminds me of the situation that existed for so many years between this country and Japan People that were best acquainted with the Japs— I remember reading an article—it must've been at least fifteen or twenty years ago—this fellow said it was only a matter of time before we'd have trouble Army and Navy officers said the best with 'em way to avoid it was to be prepared and let 'em know it But they were a long way off and to most of us, especially us folks back here in the East, the idea seemed rather ridiculous Then came "Pearl seemed rather ridiculous Then came 'Pearl Harbor' Now we've got something on our hands Smallpox—here in New York State we haven't had a case reported since 1939 There were up-

wards of seven hundred cases in the country in that year but they were mostly in a few states Since then it's been coming down and, generally speaking, it's been comparatively mild So the tendency is to sort of lose interest in it

But we shouldn't forget that for hundreds of years it was one of the world's greatest scourges—as common as measles is today—thousands dying from it and others scarred and disfigured Then, back in the seventeen-nineties, Edward Jenner (it was an Englishman this time, not a German) he learned that it was a tradition among the farm folks that anyone that'd had cowpox never got smallpox He began vaccinating 'em and that was the beginning of control of smallpox. Late years, with our understanding of bacteriology and so on, they've kept improving the vaccine until vaccination has gotten to be about as safe and simple as getting the kid's

But it's like the war when folks begin getting the idea it's most over they tend to relax and let down. And that could be disastrous Smallpox—a virulent strain of the virus could develop and, if we weren't vaccinated, we could get the real old-fashioned stuff back again. Grandma Peasley—she had everything out of her closets the other day because she'd found one moth "When there were a lot of 'em," Grandma says, "it was terrible discouraging But when I can't find but one, that's the time to get shut of 'em"-Paul B Brooks, MD, in Health News, July 16, 1945

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### **Books**

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

#### RECEIVED

Common Ailments of Man Edited by Morris Fishbein, M D Duodecimo of 177 pages, illustrated New York, Garden City Publishing Co, 1945 Cloth, \$100

The Bacterial Cell. In Its Relation to Problems of Virulence, Immunity and Chemotherapy. By René J Dubos With an Addendum by C F Robinow Octavo of 460 pages, illustrated. Cambridge, Harvard University Press, 1945 Cloth, 55 00 (Harvard University Monographs in Medicine and Public Health.)

Clinical Traumatic Surgery By John J Moorhead, M D Octavo of 747 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$10

A Manual of Surgical Anatomy. Prepared Under the Auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council By Tom Jones and W C Shepard Quarto of 195 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$500 (Military Surgical Manuals)

A Handbook of Psychiatry By Louis J Karnosh, M D, with the collaboration of Edward M Zucker, M D Octavo of 302 pages, illustrated. St Louis, C V Mosby Co, 1945 Cloth, \$4 50

Psychiatry in Modern Warfare. By Edward A. Strecker, M.D., and Kenneth E. Appel, M.D. Duodecimo of 88 pages. New York, Macmillan Co., 1945. Cloth, \$1.50

The Chemical Formulary A Collection of Valu-

able, Timely, Practical Commercial Formulae and Recipes for Making Thousands of Products in Many Fields of Industry Edited by H. Bennett Volume VII Octavo of 474 pages Brooklyn, Chemical Publishing Co , 1945 Cloth, \$6 00

Pulmonary Tuberculosis in the Adult Its Fundamental Aspects. By Max Pinner M D Octavo of 579 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, \$7 50

Modern Cosmeticology. By Ralph G Harry, FRIC (Eng.) Second edition Octavo of 432 pages, illustrated London, Leonard Hill, Ltd., 1944. Cloth.

A Bibliography of Visual Literature, 1939-1944 Compiled by John F Fulton, Phebe M Hoff, and Henrietta T Perkins Prepared by the Committee on Aviation Medicine, Division of Medical Sciences, National Research Council Quarto of 117 pages. Springfield, Ill, Charles C Thomas, 1945 Cloth, \$3 00

Clinical Biochemistry By Abraham Cantarow, M D, and Max Trumper, Ph D Third edition Octavo of 647 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$6 50

Bacillary Dysentery Colitis and Enteritis By Joseph Felsen, M D Duodecimo of 618 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, \$6 00

Facial Prosthesis. By Arthur H. Bulbulian, D D S Octavo of 241 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, \$500

#### REVIEWED

A Manual of Tropical Medicine. Prepared Under the Auspices of the Division of Medical Sciences of the National Research Council By Col Thomas T Mackie, (MC), AUS, Maj George W Hunter, III, Sn C, AUS, and Capt C Brooke Worth, (MC), AUS, with the collaboration of Col. George R. Callender, (MC), AUS, et al Octavo of 727 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, \$600

This book, prepared for the armed forces under the auspices of the National Research Council, is authoritative and up to date. Also, it is compact, comprehensive, and well presented. The illustrations of the life cycles and modes of transmission of parasites are notably effective. The authors are all experienced parasitologists, and the section of thirty-five pages on laboratory procedures used in diagnosis gives only technics of proved effectiveness.

The material covers not only diseases rare outside the tropics, but most of the diseases, common to temperate and tropical zones, which are due to infections, nutritional disorders, heat, and injury by animals and insects. Beginning with the virus and nickettsial diseases, the authors proceed through the bacterial and mycotic infections to the protozos and metazoa. Cutaneous diphtheria is not in the section on bacterial infections, but in "Miscellaneous Condi-

tions," which includes several other specific infections of the skin. The neuropathy of diphthena is not mentioned, although frequently diagnosed in the Mediterranean Theater of Operations by the British. Such cases are called Guillain-Barré syndrome by the Americans, specific proof is rarely sought by the British, who assume that any neuronitis in a man with recent ulcer of the skin is postdiphtheritic

The use, choice, and hazards of specific therapeutic agents are given in adequate detail. While the manual is forced to omit many interesting aspects of tropical medicine, it admirably fulfills its purpose and should be read by all who have occasion to deal

with this phase of medicine.

WILLIAM DOCK

The Foot. By Norman C Lake, MD, MS Third edition Octavo of 432 pages, illustrated Baltimore, Williams & Wilkins Co, 1943 Cloth, \$500

The fact that this book has reached the third edition indicates its popularity and usefulness. This is an excellent, although condensed treatise on congenital and acquired lesions of the foot. It is

[Continued on page 2456]

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[Continued from page 2454]

recommended for the library of the general practitioner as well as that of the orthopedic surgeon.

J B L'EPISCOPO

The Psychology of Women. A Psychoanalytic Interpretation. Vol. 1 By Helene Deutsch, M D Octavo of 399 pages New York, Grune & Stratton, 1944 Cloth, \$4.50

From her rich experience in the treatment of neuroses in women, hospital cases, and wayward girls. Dr Deutsch has written an illuminating and profound study of the personality of women. Her approach is psychoanalytic and fruitful, although in some respects she differs from her instructor, Freud Her keen and understanding mind sheds new light on behavior that often appears perplexing A special chapter is devoted to each of the three essential traits of femininity—narcissism, passivity, and masochism. In her discussion of the "active" woman (the masculinity complex), there is an illuminating analysis of George Sand, who in life was an aggressive, masculine, domineering woman who destroyed her weak lovers, and yet in her reveries and writings portrayed passive, feminine, and dainty heroines In this book, Helene Deutsch delineates the emotional conflicts that all women face in their development from the prepuberty stage to womanhood, conflicts that most women successfully resolve, but that may prove a source of difficulty and a cause of illness to those who cannot resolve these problems The book will be of tremendous value to all who have to deal with women, whether they be physicians, teachers, or parents

MATTHEW BRODY

The Midwest Pioneer His Ills, Cures, and Doctors By Madge E Pickard and R. Carlyle Buley Quarto of 339 pages, illustrated Crawfordsville, Ill., R E Banta, 1945 Board, \$500

This first edition is a very attractive volume limited to five hundred copies, and "is a by-product of more extensive work in the field of middle-western history." To begin, this is interesting reading for the laity and intensely interesting for the doctor

The progress of medicine this past century cannot be described more vividly than by observing the contrast between what we now know and practice and what was practiced then. The indomitable spirit of the pioneers of the Middle West is what accounts for the persistence in their adventurous enterprise in the face of what appeared insurmountable difficulties and heartrending discouragements

What typhus fever was to invading armies, so was malaria to the invading pioneers of the West. A favorite couplet of that day gives additional

emphasis to this statement

 $\underline{\mathbf{D}}$ on't go to Michigan, that land of ills, The word means ague, fever, and chills

It is startling, one might say shocking, to learn what a primitive state medical knowledge was in a little more than a century ago The courage of the doctor and pioneer is felicitously embodied in the dedication of the authors "To the Pioneer Doctor who boldly faced the wilderness, and the Pioneer who bravely faced the Doctor "

S R. Blatteis

An Introduction to Somatic Methods of Treatment in Psychiatry By William Sargant, M.B. (Cantab), and Eliot Slater, MD Octavo of 171 pages, illustrated Baltimore, Williams & Wilkins Co. 1944 Cloth, \$2 50

Drs Sargant and Slater, who have had the advantage of a sound basic education in psychiatry, have written in a practical vein out of their rich experience of serving in two evacuation centers of the Maudsley Hospital in London during and since the "blitz"

One particularly welcomes the emphasis upon the somatic aspects of mental illnesses, etiology, and treatment, although the constitutional, genetic, and

psychopathologic factors are not overlooked. The contents is concerned with a brief critical review of various approaches to the understanding and treatment of mental disorders followed by pithily formulated chapters on insulin shock therapy, convulsive therapy, treatment of cerebral dysrhythmia (epilepsy), chemical sedation and stimulation, continuous sleep treatment, uses of intravenous barbiturates, diet, vitamins and endocrines, prefrontal leukotomy, malarial treatment of general paralysis, and a final chapter on the relation of psychologic to somatic treatment Technics which the authors were not personally acquainted with have been omitted. A useful index is appended. This book puts the focus where it should be, on

the practical aspects of treating the patient whom the physician is obligated to serve in the most effective way possible in the light of present-day knowledge

FREDERICK L PATRY

Poet Physicians. An Anthology of Medical Poetry Written by Physicians Compiled by Mary Lou McDonough. Quarto of 210 pages Spring-field, Ill, Charles C Thomas, 1945 Cloth, \$500

The magnitude of poetic material written by medical men, much of it of high quality, is extraordinary Mrs McDonough has selected the highquality material and arranged it chronologically, beginning with Wang Wei (699-759) and ending with John W Thompson (1906-) The selections are prefaced by informative sketches of the authors. One hundred and ten authors are represented. Every physician will find some pleasant surprises in this excellent anthology—and much edification. And there is good cheer as well, for indeed we all lustily echo Wade Oliver's invocation on page 180

Be with me, laughter, on the last, lone mile To make my baffled pilgrimage worth while.

ARTHUR C JACOBSON

Proteins and Amino Acids Physiology, Pathology, Therapeutics. Prepared under the supervision of the scientific staff of the Arlington Chemical Company Octavo of 173 pages, illustrated Yonkers, the Arlington Chemical Co , 1944

This volume contains clinical data on proteins and amino acids in health and disease. It is a critical reviewand discussion of more than five hundred orginal papers. There is an excellent discussion of the nal papers There is an excellent discussion of the normal and abnormal protein metabolism, and several sections dealing with clinical conditions associated with protein depletion, such as nutritional edema, anemia, diseases of the liver and ladavir successful and others. The kidneys, surgical conditions, and others text is concise and up to date. The

E. H NIDISH

Lead Poisoning By Abraham Cantarow, M.D., id Lt Cmdr Max Trumper, H-V(S), USNR. and Lt [Continued on page 2458]

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The literature on lead poisoning in this country alone is voluminous, for the subject is a most important one, as the hazard is not limited to industrial activities. This is a 264-page book in which the authors offer nothing new, but review the ontire literature on the subject, and in a condensed form, present to the reader the most important data covering the absorption, pathology, clinical symptoms, diagnosis, and treatment of lead poisoning, as well as the manufacture and use of lead products

The book is well written and has a large bibliography and index. It should prove very useful to the busy practitioner and to those interested in industrial medicine who cannot spare the time to review, or are not fully acquainted with, all the literature on the subject

C T GRAHAM-ROGERS

A Clinical Study (with a The Hair and Scalp By Agnes Savill, M D Chapter on Hirsuties) Third edition Octavo of 304 pages, illustrated. Baltimore, Williams & Wilkins Co, 1945 Cloth,

The third edition of this book should be a valuable addition to the library of the general practitioner as well as the dermatologist The reason so many people with hair and scalp troubles seek advice from barbers, hair dressers, and cosmeticians is that too little attention is given such maladies by the doctors

As Doctor Savill states, the common diseases of the scalp and hair, apparently so simple, often prove to be some of the more serious and puzzling problems of medicine and warrant more attention by the doctor She gives detailed advice, not only by the doctor She gives detailed advice, not only on such subjects as brushing, washing, and the care of the normal hair and scalp, but also hair fall, itching, and scaly conditions of the scalp She also describes the harmful effects of permanent waving, singeing, bleaching, and dyeing of the hair

The more serious afflictions of the hair and scalp and skin diseases affecting the scalp are thoroughly described and brought up to date in this edition and Dr Savill has also incorporated all valuable informa-

tion from older treatises on the subject

This book is the most detailed and authoritative work on the hair and scalp published in some time

ALFRED POTTER

Special Pathology and Green and Yellow Cross Therapy of Injuries Caused by the Chemical War Materials of the Green Cross Group (Phosgene and Diphosgene) and of the Yellow Cross Group (Mustard Gas and Lewisite) By Hermann Büscher, tard Gas and Lewisite) Translated from the German by Nell Con-MDQuarto of 156 pages, illustrated Ann Arbor, Paper, \$4 00 Edwards Brothers, Inc , 1944

This excellent monograph deals with the special pathology and therapy of injuries resulting from chemical warfare materials. It is a compilation of the author's views and results of his experiments and observations drawn from a wide experience as a physician whose duty it was to examine and treat the many casualties resulting from the work of destroying the immense stocks of war gases in Germany after World War I

It is an important practical guide for all who are interested in this special and difficult field.

Alfred Goerner

Physical Diagnosis By Ralph H Major, MD Third edition, revised Octavo of 444 pages, illus Philadelphia, W B Saunders Co, 1945 trated Cloth, \$5 00

The third edition of Ralph Major's Physical Diagnosis continues to maintain the high standards of the preceding editions The many outstanding features which this reviewer noted before are to be found again, notably the absence of material which does not belong in a textbook of physical diagnosis and the number and pertinence of the illustrations The historic approach is emphasized and eponyms are given in profusion.

There is one serious omission which should be rectified in the next edition Although chronic adhesive pericarditis is described in detail on page 267, the clinically much more important chronic obliterative pericarditis (concretio cordis) is not

described

MILTON PLOTZ

Secretory Mechanism of the Digestive Glands. By B P Babkin, M D Octavo of 900 pages, illustrated New York, Paul B Hoeber, Inc., 1944. Cloth, \$12 75

Under this modest title, Dr Babkin, a scientist of world renown and a former pupil of Pavlov, has written an exhaustive description of the physiclegy of digestion, after more than forty years of intensive

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There is a thorough didactic discussion of all phases of gastric secretion, including chapters on the nervous and chemical phases, the effect of cheline and leathin, hypoglycemia, the effect of mucin on digestion, and the use of histamine and insulin as gastrie stimulants. The digestive hormones, secretin and lipocaic, and the secretory depressants, urogastrone and enterogastrone, are discussed. The remainder of the book is given to a detailed discussed the secretory depressants.

discussion of the salivary glands, to which Dr Babkin has devoted considerable research

extensive bibliography is included

This is a book which should be on the desk of every gastroenterologist and internist, and will solve many problems perplexing the general practitioner and student of digestive disease.

CHARLES G WILLIAMSON

Safe and Healthy Living Series of 8 volumes, by J Mace Andress, Ph D , I H Goldberger, M.D., Marguerite P Dolch, and Grace T Hallock New Octavo, illustrated Boston, Ginn & Co, edition 1945

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Size of Articles -It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside Longer articles tend to lower reader interest An average of five or six seems to be the most desirable from this point of view Cal-culation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e g, twelve manuscript pages will make five Journal pages

Manuscripts -- Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins They should be prepared with great care so as to be typographically correct All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin This is imperative for rapid and accurate composition by the printers

Titles — The title should be brief and typed in capital letters The subtitle can be longer and should be typed in caps and lower case letters Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subheadings.—Subheadings serted by the author at appropriate intervals

References —It is the unfailing practice of the NEW YORK STATE JOURNAL OF MEDICINE to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text) The arrangement should be as follows and should include all items

Books—author's surname followed by initials title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed, Philadelphia, Lea & Febiger, 1927, vol. 5, p. 57

Periodicals—author's surname followed by

initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

Note The JOURNAL does not include titles of articles

Case Reports —Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables —While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations —These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space

and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper Do not use typewriter for The smallest lettering on 8 × 10 inch lettering copy should be no less than 1/4 inch high Crosssection paper (white with black lines) may be used but should not have more than 4 lines per inch finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer In the case of finely ruled paper, only blue-lined paper can be accepted Lettering and all markings must be large enough to be readable Mail rolled or flat, never fold after reduction Photographs should be very distinct and show clear black and white contrasts They must be on glossy white paper Avoid round and oval photographs

Whenever possible "crop" photographs, 1e, mark portion that can be excluded when repro-Crop marks should be on margin of photoduced Do not run pencil lines through photographs

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig 1, 2, and the name and address of the author

Legends should be typewritten on one sheet of

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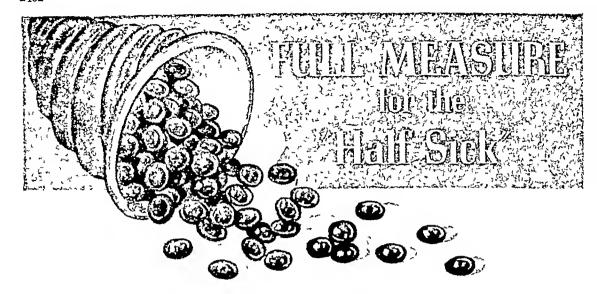
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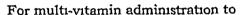
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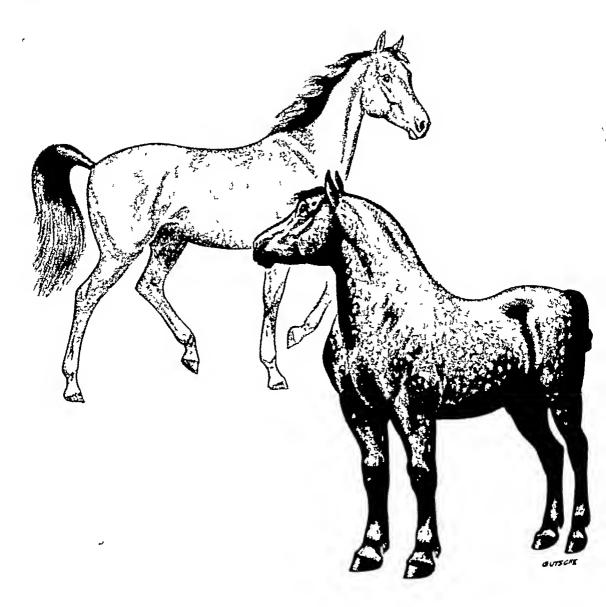




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**VOLUME 45** 

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NUMBER 23

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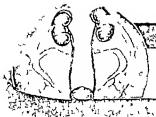
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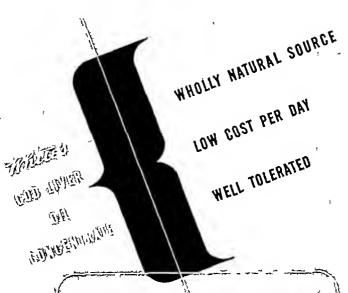
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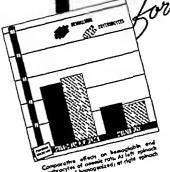
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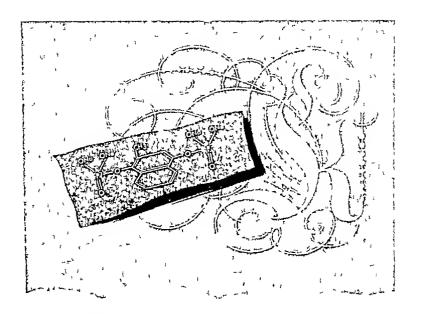
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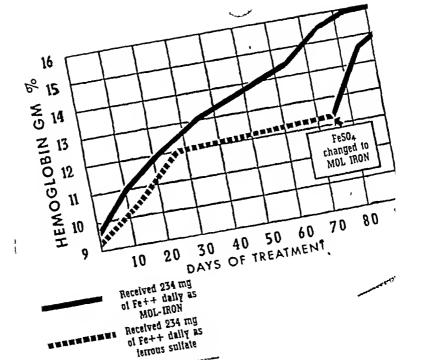
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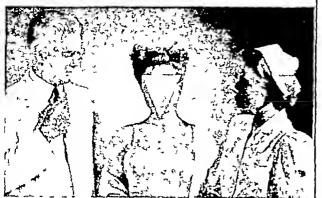
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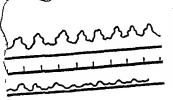
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- Urinary Bladder Spasm—in cystitis, instrumentation of tenesmus.

Average Dose 1 or 2 tablets three times dally

Paratrine is the registered trademark of G. D. Searle & Co., Chicago 30 Illinois

SEARLE

# BY INJECTION

subcutaneously or intramuscularly, ADRENALIN provides rapid symptomatic relief in asthmatic paroxysms; is useful in the prevention and treatment of other allergic reactions; localizes and prolongs the action of local anesthetics. Intravenously, it is used in shock and anesthesia accidents.

## BY APPLICATION

for its vasoconstrictor action in hemorrhage, ADRENALIN permits better visualization of the field, and aids in the diagnosis and treatment of certain conditions encountered in ear, nose and throat practice.

## BY INSTILLATION

into the nasal passage, ADRENALIN produces prompt decongestion; in the eye ADRENALIN decreases vascular congestion, and aids in the location of foreign bodies.

# BY INHALATION

orally, ADRENALIN relieves severe attacks of bronchial asthma by relaxing the bronchial muscles.

Its remarkable ability to stimulate the heart and increase cardiac output, raise the blood pressure, constrict the peripheral arterioles, dilate blood vessels of voluntary muscles, and relax bronchial muscles makes ADRENALIN one of the most versatile and useful therapeutic agents at the command of the physician Little wonder, then, that it's always kept close at hand in operating room, office, and medical bag

To permit full use of its many therapeutic applications, there is a form of ADRENALIN (Epinephrine) to meet every medical need Solutions of 1100, 11000, 12600, 110,000, Suspension of 1500 in oil, and Inhalant, Suppository, and Ointment





A rapidly absorbed and therefore quickly effective method of assuring the full analgesic, anupyretic action—a method which likewise insures a desirable, concomitant intake of fluid is offered in-



# Acetyl-Vess

In solution, this efferveceent tablet produces a palatable, soluble salt of aspirin (8 5 grs ) buffered

CLINICAL ADVANTAGES. The buffer alkalı mechwith sodium citrate (27 grs) anism, together with the CO2 factor of the efferrescent base, combines to

Speed stomach emptying timereducing tendency to gastric upset Make preparation readily available for absorption - enhancing (augmenting) analgesic effect

Available through your prescription pharmacy in bottles of 25 tablets

\*Dayton D M The Common Cold In Children Northwest Cold In Children (Nov.) 1941 Med 40 409-411 (Nov.) 1941

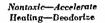
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he application of chloro phyll therapy—the new, basic bealing principle in the topical treatment of wounds, burns, battleinjuries, ulcers and sum lar lessons, especially those of the chronic, recalcitrant type—is now available to the medical profession in CIII.ORESTUM, trade name for the therapeutic chlorophyll preparations of the Rystan Company



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Healing progresses at a measurably accelerated pace under the sootling influence of the natural biogenic, tissuestimulating properties of chilorophyll as found in Chlorosum.



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of souts and chronic indiamnatory sandidana of the upper respiratory treat.





# ...FROM NATURE'S STOREHOUSE ...ALL VEGETABLE MATERIAL

Until all members of the B-complex have been isolated, their exact functions ascertained, and human requirements for them determined a product of natural source material which contains all B-factors is the best protective dietary supplement

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LICOSYN-B Liver concentrate, ferrous sulfate exsic and B<sub>1</sub> tablets

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One tablet of White's Sulfathiazole Gum chewed for one-half to one hour

- I promptly provides a high solivary concentration of locally active (dissolved) sulfathlazale
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Virtually any diet can be enhanced to a point of adequacy through the addition of three glassfuls of Ovaltine daily Made with milk as directed, this delicious food drink supplies liberal quantities of most essential nutrients, as indicated by the table below Qualitatively Ovaltine is equally valuable, it provides biologically adequate protein, readily assimilated and utilized carbohydrate, well emulsified fat, B complex and other vitamins, as well as essential minerals Ovaltine proves advantageous both as a mealtime beverage and a between-meal snack. Its low curd tension insures rapid gastric emptying, hence it does not interfere with the appetite for the next meal

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# Ovaltine

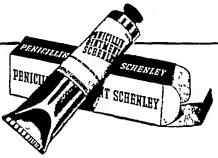
Three daily servings of Ovalilne, each made of  $\frac{1}{2}$  oz. Ovaline and 8 oz. of whole milk,\* provide

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CARBOHYDRATE	62.43 Gm	VITAMIN D	480 I U
FAT	29.34 Gm.	THIAMINE	1.296 mg
CALCIUM	1 104 Gm	RIBOFLAVIN	1.278 mg
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IRON	11.94 mg	COPPER .	.5 mg.

\*Based on average reported values for milk.

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# Announcing... PENICILLIN OINTMENT SCHENLEY

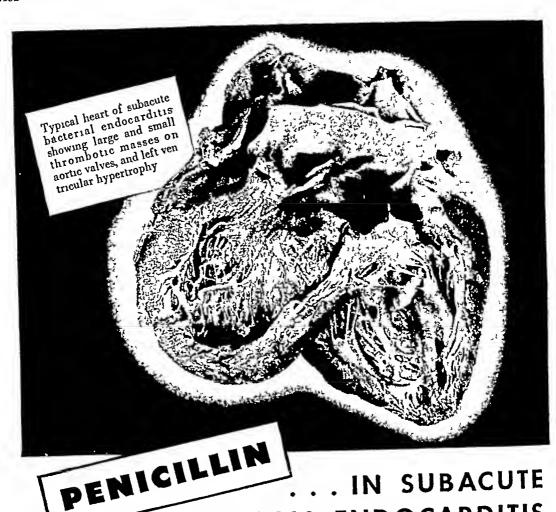


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Penicillm 18 the best agent available for the treatment of this devastating disease. Although in a few instances it may be desirable to use the continuous intravenous route, intramuscular injection is the one of choice. If best results are to be obtained 200,000 to 300,000 units should be given daily for three weeks or longer (Keefer, C. S et al New Dosage Forms of Penicillin, J A. M A. 128 1161, Aug 18, 1945)

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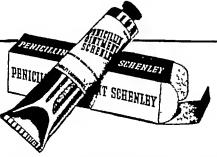
BACTERIAL ENDOCARDITIS

SYRACUSE 1, NEW YORK



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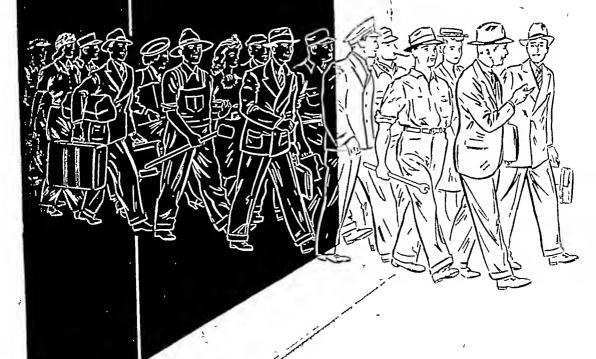
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Advances in the therapy and care of arthritic patients have considerably increased their chances for recovery....

Many factors have aided in this improved prognosis in arthritis. Patients are seeing their physicians earlier, when more rapid improvement can be expected. The physical and dietetic care of the patient is now better understood. Greater cooperation of the patient is obtained by education, and in general a more scientific approach to the problems is made.

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Ertron alone — and no other product — contains electrically activated vaporized ergosterol (Whittier Process)

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PENICILLIN SUBACUTE BACTERIAL ENDOCARDITIS

Penicillin is the best agent available for the treatment of this devastating disease Although in a few instances it may be desirable to use the continuous intravenous route, intramuscular injection is the one of choice. If best results are to be obtained 200,000 to 300,000 units should be given daily for three weeks or longer (Keefer, C S et al New Dosage Forms of Penicilin, J A. M A. 128 1161, Aug 18, 1945) Bristol Penicillin, because of its low toxicity and freedom from pyrogens, as well as its absolute sterility and standard potency, provides dependable therapeutic action

The rapidly developing new clinical uses of this potent antibiotic are abstracted in issues of the BRISTOL PENICILLIN DIGEST. If you are not receiving your copies regularly, drop us a line

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\*Ant, M., "Vitamin Ein the Treatment of Myopath les -N Y State Jour Med Sept 1 1945

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Indications: Neuroses, migraine, functional digestive and circulatory disturbances, vomiting of pregnancy, menopausal disturbances, hypertension, etc

Formula Each tablet contains 1/4 grain phenobarbital and the three chief alkaloids, equivalent approximately to 8 minims of tineture of belladonna

Belbarb No. 2 has the same alkaloidal content but ½ grain pheno-barbital per tablet



THOUGH the sulfonamides presented a signal advancement in the treatment of gonorrhea, many published reports Indicate that peni cillin is the therapeutic agent of choice for three potent reasons First, the openicillin process effective in virtually all instances. Second safety penicillin is practically nonzire. Third, brenty of treatment in the majority of cases definite cure can be effected in 24 to 48 hours.

Studies at an Army Station Hospital showed that most sulfonamide resistant gonococci are fully susceptible to pendillin that penucillin resistance is difficult to establish.

Fruch 1 W., Behr B Edwards R B and Edwards V W 1m J Siph Gener & Ven Dis 28,527 (Sept) 1944

From a study of 109 patients, the conclusion is drawn that penicillin effectively eradicates chemoresistant gonor thea in the female

Greenblatt R. B. and Street A. R., J. A. M. A. 126, 161 (Sep. 16) 1944. In the Technoral Bulletin of Mediane, No. 26 recently issued by the Wat Department, penicellin is rated to be the drug of choice in the treatment of gon

J A M A 126,373 (Oct 28) 1944

191 consecutive cases of sulfooamide resistant gonorrhea responded dramat ically to penicillin

Ergh, R. and Gur G. I. Jr., J. Maine M. A. 55 207 (Nov.) 1944

At a U S Naval Hospital 200 cases of sulfonamide-resistant gonorrhea treated with penicillia, showed no toxic reac trons all returned to duty in one third of the time previously required

of the time previously required

Scarcells, N. S. New England J. Med.
231r609 (Nev. 2) 1944

No toric effects were observed in a sense of sulfonamide reastant gonorhea of the female treated with pencillin As compared to hyperpyrexia pencillin treatment "is locomparably easier sumpler safer cheaper and just as effective.

Berringer E. D., Strans H. and Hersustz, E. A. N. Y. State J. Aled 45 52 (Jan.) 1944

## PENICILLIN-C.S.C.

For therapy in the physician s office and in the padent s home the Combination Package of Penicillin C.S.C. provides two rubber-stoppered aluminum-sealed serum-type 20 cc.-size vials, one containing 100 000 Oxford Units of Penicillin C.S.C., the other 20 cc. of sterile, pyrogen free physiologic salt solution Penicillin-C.S.C. is of high purity as indicated by the small amount of substance required to present 100 000 Oxford Units.

PHARMACEUTICAL DIVISION

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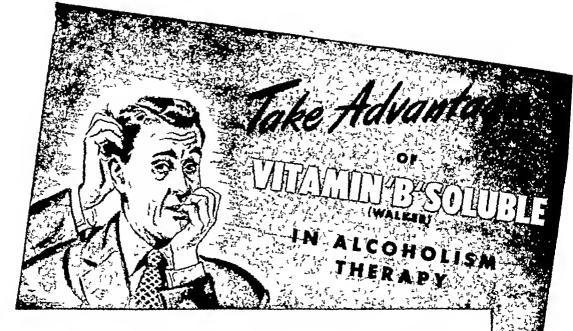
COMMERCIAL SOLVENTS CORPORATION

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New York 17 N Y

Penicitin-C.S.C. in Individual viols and in combination packages is available through all pharmacles.



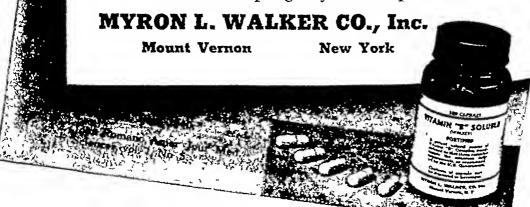


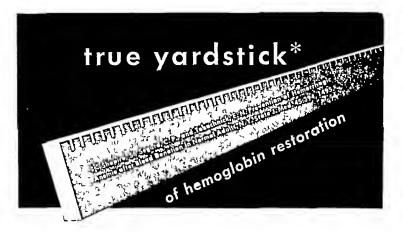
Vitamin B holds a well-recognized place in the treatment of alcoholism. Alcoholic polyneuropathy is said by Jolliffe<sup>1</sup> to be unquestionably due to vitamin B<sub>1</sub> deficiency. Romano<sup>2</sup> states that both vitamins B<sub>1</sub> and B<sub>2</sub> have definite value in this condition. It is also believed that the addition of nicotinamide hastens recovery of the patient. (Spies, Sydenstricker, Jolliffe).

Vitamin "B" Soluble (Walker) supplies all the factors of the B complex, plus additional fortification of various constituents. Each capsule contains 3 grains brewers yeast concentrate, 1 mgm. Thiamin HCL, 1 mgm. Riboflavin, 5 mgm. Nicotinamide, 30 mgm. Ascorbic Acid. The dosage potency is regulated by the physician according to severity of the symptoms.

The generous use of Vitamin "B" Soluble (Walker) preceding and following indulgence in alcohol, does much to prevent symptoms of depression and nervous irritability that so commonly occur. In bottles of 30 and 100 capsules.

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Eleven of 15 white collar workers in good health and on adequate diet experienced a precipitous depression in blood hemoglobin averaging 14% following blood donation of 500 cc. The period of hemoglobin restoration could be shortened one third by giving Licuron B after donation of blood but only one sixth by giving ferrous sulfate. If Licuron B was also given prophylactically it prevented or minimized hemorrhagic anemia but larger doses of ferrous sulfate did not obtain this beneficial effect.\*

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\*Reprints of this article will be sent upon request

130, 458





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'BETASYNPLEX "NIPHANOID" contains the five Impartant synthetic components of vitamin B complex in dry and stable form for parenteral use

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The addition of only 2 cc of distilled water yields almost instantly a fresh solution of full patency. The therapeutic efficiency of synthetic vitamins has been firmly established by clinical experience BETASYNPLEX "NIPHANOID" is of particular value for patients who vomit or fall to absorb oral doses because of other gastro-intestinal disturbances.

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# double trouble...

Where throbbing pain gives rise to nervous disquietnde as in migraine, neuralgia or dysmenorrhea both pain and nervousness respond to the combined sedative and analgesic actions of 'Peralca'\* Analgesio Sedative.

Enabling the physician to restore comfort and confidence to the distressed patient pending the determination of specific etiological factors, PERALGA' Analgesic Sedative offors a pronunced analgesic effect with mild sedative action, yet, is nonnarcotic. Its efficacy mediated through such classic ingredients as acctophenetidin, acctylsaheyhe acid and barhital, 'PERALCA' Analgesic Sedativo has no depressing after effects and does not restrict the patient's usual activities. It is also of established value preoperatively to allay nervousness and apprehension, and postoperatively to relievo pain.

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TABLET
1.5 Grams
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Since it is completely absorbed on oral administration it produces the same result whether given by vein or by mouth and nauses and vomiting due to local irritation are almost never encountered

In urgent cases—provided the patient has not received digitalis in any form for two weeks-the average dose of 1 2 mg for initial digitalization can be given safely at one time by mouth and will produce its full therapeu tic effect in 3 to 6 hours 3 The average main tenance dose is 01 mg per day, to be in creased or decreased as required

N.N.R., 1941 page 210
 Gold, H. Cartell M., Modele, W. kwit, N. T.; Aramer, M. L., and Zahm W. J. Pharmacol. & Exper Therap. 82 187 (Oct.) 1944.

Digitaline Nativelle is available through all pharmacles in 0.1 mg tablets (pink) and 0.2 mg, tablets (white), in bottles of 40 tablets. Also in 0.4 mg (2cc.) and 0.2 mg (1cc.) ampuls, in boxes of 6 ampuls, for intravenous use when the oral route cannot be employed.

Physicians are musted to send for clinical test sample and literature

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THE ORIGINAL DIGITOXIN, IN PURE, CRYSTALLINE FORM



# rapid availability

HEMATINIC PLASTULES\* contain ferrous sulfate in a semifluid medium scaled to preserve it in the more effective ferrous state. Rapid disintegration and diffusion in the gastrointestinal tract assure efficient absorption. The daily dose supplies almost twice the amount of iron considered sufficient for the treatment of simple iron deficiency anemia.



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Dose: 3 Plastules daily

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WITH LIVER CONCENTRATE

Dose: 6 Plastules daily

Supplied in bottles of 50, 100 and 1000

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VOLUME 45

DECEMBER 1, 1945

NUMBER 23

## Editorial

#### Socialize Everything or Nothing, II

Yes, the war is over and everything is lovely now You can relax. Especially if you are a physician Everything is going to be "duck soup" The young men are coming back. The war bonds you have bought are going to be a solace in your old age Penicillin, streptomycin, the sulfa drugs will reduce the practice of medicine to a more routine, eliminating the necessity for diagnosis, and anything else can be sprayed with DDT except a few surgical cases, useful for teaching purposes. The postwar world should be something! Ho, hum! So they are going to nationalize the atomic bomb and pay higher wages for shorter hours of work and reduce taxes Splendid, no doubt about it Splendidl

Those fellows down in Washington are pretty smart. Look how they fed everybody during the war and gave them all that gasoline, tires, and oil, meat and cigarettes, too Maybe they could do as good a job

with doctoring the folks now that modern science has made it so simple and all Something to think about Especially for poor people. There are getting to be so many poor people now, with the cost of hving going up so fast, and the take-home money getting less and less It doesn't seem right somehow Maybe that's why there are so many strikes.

Well, it will all be better as soon as the Wagner-Murray-Dingell hill, 1945 version, is passed. That bill will "socialize" medicme for the poor folks-and the rich ones, too give them ever-loving government medicine with employers paying 4 per cent on wages up to \$3,600, the same as they pay now for unemployment and old-age benefits on wages to \$3,000

Of course, the employees would be taxed 4 per cent on wages up to \$3,600 a year, about four times what they pay now on wages up to \$3,000 a year, but who minds that?

Certainly not the employers Unless they happen to employ themselves For making that mistake they would pay 5 per cent and be ineligible for unemployment and temporary disability insurance—and serve them right, too, let them get sick and see who cares

If you are foolish enough to work for yourself the worst is too good for you

But we will skip over all these tiresome figures Everybody knows that if you want security you have to pay for it Take the recent war, for instance, well, it gave us security, not particularly social perhaps, but security for a while from dictators—except

in Argentina and Spain—and we will have to pay for that somehow as well as the "socialized" medicine and the strikes which don't produce any salable goods, to our way of thinking, so why don't we socialize everything and have done with it? Messing around with a partly free and partly socialized economy seems to us to combine the worst and most expensive features of each, to no particular advantage.

As we have hinted at various times, we are opposed to the socialization of medicine, but if the public must have it and is willing to pay for it, then we demand the socialization of everything Whole hog or none

## Serious Problems Confront Medicine

The medical profession in every aspect of its life is confronted with weighty problems It takes the obligation to resolve those problems seriously and exercises its responsibilities professionally with reasonable skill, considered judgment, and due regard to the public interest, both in education and in private and public practice. It has consistently raised its standards of training and achievement, and will continue to do so if left to itself For many of its problems are of a nature so particular that few nonmedical persons can ever hope to understand them This is not to be mysterious, it is a statement of simple fact Sometimes even the doctors don't comprehend them

One of these serious problems is medicine And doctors Obviously something makes them tick, but what? If only that were known, why, then anybody could be a doctor and practice medicine But in this whole country there are only a paltry one hundred and eighty-six thousand medical doctors, most of them without whiskers but with a high death rate from diseases of the vascular system Very few wear silk hats. and some can read or write only with great Amazing! Some know a good difficulty deal about medicine but nothing about politics, others know much about disease but little about people Still others know a lot about people but less about medicine

And medicine itself—what a serious problem that is! Give one person sulfa drugs and he gets well, another dies Cocaine eases pain in one person, and eases his successor right into the next world, for example Hopeless? Not at all State medicine will stop all that by substituting nonpoisonous security for everybody from cradle to grave, abolishing these problems and the need for medicine

Our own opinion is that of all the grave and vexing problems of medicine, people are Here are the doctors raising the worst educational standards, learning more about things, studying Washington politics and other diseases, medical plans of labor unions, putting things in cyclotrons and taking out something else-but forgetting the people Write five That is a serious mistake hundred times, "That is a serious mistake." People are our worst and most serious prob-Not the public, not the funny little statistical dolls holding each other's hands in the graphs, not the curious distorted things one sees delineated by modern artists in the galleries or described in print by modern writers, but the man, woman, or child in the next seat in the subway were not for them medicine could close its books without loss of its gravely impeccable Respectability It is something to think about

#### When Is Higher Education as it Spins? I\*

The legislature of the State of New York in 1945 passed a bill, presumably under pressure, providing that graduates of medical schools not approved by the Board of Regents be allowed to take licensing examinations in this State Basing his decision upon a memorandum by the Board of Regents in which reasons against such a law were itemized, Governor Dewey finally vetoed the bill

For the time being, at least, standards of medical education in the State seemed to be upheld. No one not properly qualified could be admitted to examination for medi-None but graduates of apcal licensure proved schools could hope to practice legally in the state, but only, be it noted, by reason of Governor Dewey's veto The legislature, in its wisdom, like Barkis, was willin' to have In spite of the representations it otherwise of the Medical Society of the State of New York, the State Department of Education, and other interested individuals and organizations, the legislature would have changed the law Both the public and the medical profession owe a debt of gratitude and appreciation to the Governor for a last-moment reprieve

Among those who opposed the action of the legislature was the Board of Regents of the State Department of Education. This board has, in the past, stood either actively or passively in favor of the maintenance of the highest standards of education in the State. It would seem to be the proper function of the Regents to maintain and jealously to guard those standards. This they seemed to be doing when they opposed the action of the legislature earlier this year. But—

Word has now come that on September 21 the Regents reversed their stand and took action making it possible for graduates from unregistered medical schools to be admitted to the New York State Licensing Examination

The precise language of the decision has not yet been obtained for examination, but so far as can be learned, this action was taken under a section of the law which permits the Regents to accept evidence of preliminary professional education for licensing a candidate to practice any such profession in lieu of that prescribed by the laws relating to such profession, provided it shall appear to the satisfaction of the Regents that such candidate has substantially mot the requirements of such laws. Many graduates of a certain unregistered medical school were accepted into the Medical Corps by the Army and so this question now arises as to whether they are eligible for the licensing examinations. Actually the action of the Regents would appear to be limited only to veterans.

Legal opinion appears to be that if this privilege is extended to veterans, it must also be extended to other graduates of the unregistered school, whether they be veterans or nonveterans Similarly, if the standards for admission to licensure are relaxed for graduates of one unregistered school. they must also be relaxed for graduates of other unregistered schools This opens up some interesting possibilities Perhans more will be known about this situation when Regent Woodward and the Board of Examiners meet with the Medical Council as is planned

The Associated Press carried the announcement by Commissioner of Education Stoddard on October 11, for "immediate release" Newspapers of October 12, a holiday, carried the story The action of the Regents was taken September 21, 1945, nineteen days earlier One is justified in thinking that news of such importance ments more immediate announcement One is curious as to the causes of the delay Could the Commissioner be a little reluctant to release to the people the news that the State standards of medical education had been compromised? Or could the fact of publication on Columbus Day soften the blow for the people, since so many of them would be otherwise occupied on the holiday and fail to read about it? Or was the Commissioner at a loss, or up a tree to explain the about-face of the Board of Regents on a question so germane to the maintenance of the highest standards of medical education in the State? These possibilities occur to us

The apologia of Dr J Hillis Miller, Asso-

ciate Commissioner of higher and professional education, which closed the press release of October 11, contains everything except the actual washing of hands

"We are convinced that the policy which the Department of Education has followed in normal times has served to protect the health and wellbeing of the people of the State The contingencies of war, however, have resulted in our utilizing the services of some graduates, heretofore unqualified to take professional licensing examinations, not only in the armed forces but through internships in our approved hospitals We have been in search of a procedure through which we could regard professional experience and internship in good hospitals as equivalent to certain aspects of required education and experience We believe that the policy established by the Regents at its September meeting will meet this situation We are hopeful by means of this procedure that we can take care of worthy cases, particularly veterans, and at the same time protect our basic professional laws and the educational standards which have placed New York State in an enviable position as regards professional licensure"

This is as neat an explanation of the scuttling as anyone could desire, saying nothing in many words, graciously exploiting the worthy veteran, exculpating the Board of Regents, and raising the pierced colors of higher education bravely to the masthead as the ship slowly founders

#### Current Editorial Comment

"Glorification of the common man has somehow led to glorification of commonness itself

"This is no salutary trend It encourages, in sequence, mediocrity, complacency, insufficiency, dependency, and socialization

""The common man, says Louis Karnosh, 'will readily lend himself to socializing schemes, for in such programs he dissolves his inferiority sense in the mob. The uncommon man will instinctively rebel against socialization, for its sole purpose is to reduce him to the colorlessness of the crowd

"'If the day ever comes when medicine is trimmed down to a cheap and prosaic commodity, it will certainly be very common, and commonness is the one poisonous ingredient which will destroy it as an art!'" Medical Economics<sup>1</sup> thus comments editorially upon a tendency which the discerning physician has observed in much that has happened of recent years. We do not infer that medicine alone has been attacked by this subtle, poisonous ingredient, but it is certainly evident that much so-called thinking about the affairs of medicine has seemed to treat it as a "cheap and prosaic commodity"

Certainly medical service should be available to all who need it. Not, however, as a political handout, not as a commodity, but as a service of high quality, produced by the best-trained physicians our institutions of learning are able to qualify for practice

With this standard there can be no compromise

## Immediate Return of Directory Information Requested

DOCTORS are urged to return the biographic and World War II Service cards recently sent to them immediately, as soon as the requested information has been filled in This is important in order not to delay publication of the 1946 Medical Directory of New York, New Jersey, and Connecticut

<sup>\*</sup> This is the first of two editorials on the action of the Board of Regents The second will be published in the December 15 issue and will answer the question here posed.

1 Press Release of Bureau of Publication of New York, State Education Department, Albany, New York.

<sup>1</sup> Vol. 22, No 6, 35, (March) 1945.



#### The President-Elect

Dr William Hale, of Utica, was chosen for this office at the recent meeting of the House of Delegates of the Medical Society of the State of New York, held in Buffalo October 9, 1945

Dr Hale was born in Ontario, Canada, on January 24, 1886, and received his elementary education there prior to entering Amherst College He was graduated from Queens University Medical School in 1910 and was salutatorian of his class. After spending three months in Queen Street West Hospital, Toronto, and serving a period as surgeon in a railway construction camp north of Lake Erie, he served an internship in Faxton Hospital, Utica. This was followed by postgraduate work at Manhattan State Hospital and Bellevue Hospital

Dr Hale entered the practice of medicine in Utica in 1914, just ten days prior to the outbreak of World War I The following year he was commissioned in the British Army and attached to a hospital reinforcement group Later he was attached to the 42nd Battalion of the Black Watch, Royal Highland Regiment of Canada

Following the battle of Vimy Ridge in 1917, Dr Hale was invested with the Military Cross by the late King George V at Buckingham Palace, and a year later was again decorated, this time with a bar to the Military Cross for exceptional services rendered in the infantry

Dr Hale resumed practice in Utica in 1919, and at that time set up a plan for Disaster Relief for the Utica Red Cross Committee which was later adopted by the American Red Cross

Dr Hale is a Fellow of the American College of Surgeons and a diplomate of the American Board of Gynecology and Obstetrics He was a secretary of the Faxton Hospital staff for six years and president of the staff for two years

Always active in the affairs of his medical organizations, he served the Utica County Medical Society as secretary for fourteen years, as president for four years, and as a delegate to the House of Delegates of the Medical Society of the State of New York for four years. He is a consultant in gynecology to the Utica State Hospital and Marcy State Hospital

The new president-elect has been keenly interested in community affairs. In 1920 he organized preschool clinics for the Child Welfare Department of Utica and assisted in bringing about the merger of the Utica Visiting Nurse Association and the Child Welfare Association. He has served the combined organization as medical director for four years.

Dr Hale is a charter member of the Academy of Medicine and for ten years was chairman of its Membership Committee and for the past twelve years has served as secretary of the Phi Gamma Delta Graduate Association of Utica. He is also a member of the Masonic Fraternity and Ziyara Temple of the Mystic Shrine, as well as the Central New York Branch of the Alumni Association of Queens University, which he also served as secretary for twelve years. He is a member and past president of the Utica Medical Club, past president of the Utica Rotary Club, and an active member of the Thousand Islands Summer Residents Association For twenty years he has been surgeon to the New York Central Railroad Company, the Delaware, Lackawanna and Western Railroad Company, and the New York, Ontario and Western Railroad Company

In 1922 Dr Hale married Mabel Elizabeth Lloyd They have a son, William Hale, Jr, who enlisted in the Army during his freshman year at Hobart College and served overseas, and a daughter, Jill Hale, a junior at Mt Holyoke College

## A SUMMARY OF THE PROBLEMS OF SULFA AND PENICILLIN FASTNESS

M L TAINTER, M.D , Rensselaer, New York

(From the Winthrop Research Laboratories)

THE modern field of chemotherapy opened up about forty years ago with the development of Ehrlich and his group of highly effective arsenicals for the treatment of spirochetal diseases. Spirred on hy his concept of complete sterilisation of the body from a angle dose of a drug, many workers devoted themselves to the search for other chemotherapeutic groups. The development of synthetic compounds has brought about notable success in several fields, such as the treatment of amebiasis with chimiofon and vioform and of malaria with atahrine and plasmochin.

Chemotherapeutic discovery reached a peak at the time of Ehrlich A second peak was achieved when Domagk introduced the sulfanilamide type of drugs For the first time his contribution demonstrated in a convincing manner that it was going to be possible to control all bacterial infections, either through the use of the sulfa-type drugs or hy other compounds yet to be developed. The opening up of the field of sulf anilamide research nitracted an unprecedented number of investigators, so that developments in this area came very quickly and the more fruitful lines of investigation were fairly rapidly explored Interest in these products has, therefore, diminsahed to some extent, except perhaps as to various phases of their clinical applications

A third peak in chemotherapeutic research has developed only recently with the discovery and successful commercial elaboration of penicillin and other antihotic substances. We are now at the stage where all possible ramifications of the clinical applications of penicillin are being explored, and in the laboratory a feverish search is going on for new antibiotics with new fields of application. An intense effort is also being made to discover the secret of the mechanism of the antiseptic action of these compounds, so that new synthetic agents might be tailor-made for special purposes.

Sprochetes have been repeatedly demon strated to be able to become resistant to areencals if the therapy is not carried out in a special man ner

We have learned to use these drugs so as to achieve the therapeutic goal in spite of this adaptive ability of the organisms. The malarial parasites do not seem to be able to adapt themselves to atabrine or plasmochin, so that exposures to low concentrations may minimize the infection

but do not appear to lead to altered resistance of the organisms

In the initial phases of the sulfanilamide studies, cures of various bacterial diseases were secured in a very high percentage of patients. Since then there has been a tendency, for at least some infections, for the responses to be progressively less satisfactory until finally, in such an infection as gonorrhea, considerable difficulty is now encountered in handling the infection effectively through the use of any of the sulfa compounds.

A characteristic set of data is that published by Carpenter, at al., who showed that only 15 per cent of genecoccus cultures studied by them in the early part of 1942 were reastant to sulfonamides. By July of 1943 this percentage had increased to 59 per cent. This change occurred during a continuous study of the treatment of genorrhea in a community as part of a special program of public health. A summary of their figures is presented in Table 1

A problem which immediately suggests itself is whether a similar type of resistance to penicillin and other antibotics is apt to develop, and if so, are there methods whereby this can be avoided entirely or minimised in its long-range importance? The specter has been often present in the minds of thoughtful students of chemotherapy of being deprived of the use of one highly effective compound after another by the development and propagation of resistant strains of organisms. Is this the inevitable end of all chemotherapeutic efforts, or is there a chance that compounds properly used may preserve their chemotherapeutic power undiminished indefinitely?

#### Sulfa Fastness

The first question to be answered is whether sulfa fastness is encountered in all organisms or whother it is a peculianty of response of only a limited number. No attempt has been made to explore the entire literature of this field to collect data on each individual organism against which sulfas have been used. However, fastness to certain organisms has been reported by the following nuthors, among others, indicating that this property is fairly widespread among bacterial organisms. gonococcus, 1 poilmococcus, 4 hemolytic streptococci, 4 brucalli, Escherichia coli, and staphylococcu. These organisms comprise

TABLE 1—TREND OF PREVALENCE OF IN VITRO SULFON-AMIDE RESISTANCE OF THE GONOCOCCUS IN BRUNSWICK, GEORGIA\*

Time Intervals May, 1942- October, 1942 November, 1943 January, 1943 February, 1943 April, 1943 May, 1943- July, 1943	oN-Cultures 45 69 7ested-No	Cultures  Cultures  Controlstant  Controlsta	2 Cultures 2 C Cultures 4 Constant 10 Sulfonomides in Vitro—No	26 7 33 3 59 3 59 3 59 3
Total	214	140	74 Av	er- 34 6

<sup>\*</sup> Taken from Carpenter, C M, Ackerman, H, Winchester, M E, and Whittle, J Am J Pub Health 34 252 (1944)

the more important ones against which sulfa drugs are employed

The conditions under which sulfa fastness develops have been reproduced experimentally many times As an example, Boak and Carpenter2 exposed the gonococcus to gradually increased concentrations of sulfanilamide and found that the lethal concentration was raised until organisms were finally able to withstand previously fatal amounts When the organisms have once been made resistant to the sulfa drug they do not necessarily retain this fastness indefinitely, although they may do so There is a difference between individual organisms in this respect, which so far has no very complete explanation In studies on the streptococci, Cutts and Troppoli found that the resistance to sulfanilamide was maintained at a high level for one month, but spontaneously disappeared after about three months For the pneumococci. Schmidt et al 8 found that resistance to sulfapyridine was retained by his strains through more than two hundred passages through mice Working on the gonococcus, Westphal et al 9.10 have reported that 9 out of 10 cultures became resistant to sulfapyridine in twenty to twentyeight days and that the sulfapyridine fastness persisted for at least two months after the organisms were removed from a sulfa-containing me-Staphylococci were found by Spink et al 7 to remain resistant to the sulfa drug for at least two years. Inasmuch as some strains of an organism do not become resistant at all to the drug, as evidenced by the references above, there would seem to be an inherent mechanism peculiar to the individual bacterium which determines whether the fast state can be developed, and if so. how long it will persist under the conditions imposed

A problem which requires consideration at this point is whether resistance developed to one sulfa drug will make the organism equally resistant to other compounds in the same general Kirby and Rantz's reported that E coldeveloped resistance which was demonstrated against all four of the sulfa drugs they tested. namely, sulfanilamide, sulfapyridine, sulfathiazole, and sulfadiazine They postulated that all organisms susceptible to the bacteriostatic action of sulfonamides are capable of becoming resistant to all the sulfonamides Westphal and Carpenter9,10 studied the crossed tolerance of organisms for sulfa compounds They found that sulfapyrdine-fast strains of gonococci grew well in a medium containing 0 055 per cent of sulfanil-However, sulfamlamide-fast strains tolerated only 0 02 and 0 03 per cent of sulfapyri-Apparently, for this organism and the strains studied, the tolerance was conditioned by individual reactivities of the organisms involved The problem was investigated in a direct manner by Lowell et al. 11 who used pneumococci They reported that strains made tolerant in cultures to one of the sulfas also became resistant to the others studied to approximately the same extent Again in their studies, however, individual strains of organisms varied in the ease with which fastness was acquired

Sesler and Schmidt<sup>12</sup> also observed that various strains of pneumococci varied in the case with which they developed resistance. This variation may consist of changes in the rate at which a strain will develop resistance as well as in differences in the actual maximum concentrations of the drug against which resistance can be developed. In general, these latter authors found that resistance was developed most rapidly to the least effective drug and most slowly to the most highly effective drug. They also noted that resistance to one sulfa compound was associated in that organism with resistance to the other drugs they had under test.

A very instructive case bearing on this has been reported by Frisch, Price, and Myers They studied a patient having a type VIII pneumococcus pneumonia, the organism of which was originally quite sensitive to sulfadiazine but which became resistant during treatment patient in an adjacent bed contracted pneumonia by contact with the first individual The organisms recovered from his sputum also were re-This indicated a carrysistant to sulfadiazine over of the sulfa-fast state from one patient to another in a very direct manner In these patients, fortunately, their pneumococcus retained its sensitivity to sulfathiazole, as was shown in vitro. This drug, together with the appropriate serum, was, therefore, administered to both patients and recovery occurred A later follow-up study revealed that even two months after hespitalization both patients continued to carry virulent sulfadiasine-resistant strains of their type VIII pneumococcus in their sputum.

The question of the mechanism of the development of this fastness should be considered. It is highly probable that this is directly associated with the mechanism of action of the sulfanilamide compounds. It is not appropriate to discuss here the various theories of sulfa action on organisms. One point, however, which may be considered very quickly, is whether the sulfnfast state is simply an uncovering of naturally resistant organisms through the killing off of the more susceptible ones. There is a natural variation in the sensitivity of the organisms to these chemotherapeutic compounds, as has been well summarized by Hill et al.13 However, the degree of resistance which can be developed by appropriate means is greater than can be demon strated for any individual organism present in the original culture when initial exposure to the drug is made It would nopear, therefore, that there is more to this sulfa fast state than just a weeding out of the more highly sensitive organisms.

Schmidt and Sesler demonstrated that individual bacteria having increased resistance were created with each successive exposure of pneumococci to sulinpyridine. They were also able to differentiate between the sensitivity of normal and of sulfa fast organisms, and the spontaneous variation in sensitivity encountered in normal populations. Kirby and Rantz interpreted their results on sulfonamide resistance as indicating an interaction between the organism and the common structural unit of all the sulfonamides, namely, the para-amino-bensene-sulfanilyl nucleus. They suggested that this interaction might involve the same ensyme system as was concerned in the para amino-bensole-acid rela

tronship to sulfa action

Spink et al. were able to confirm the observations of Landy et al. and Housewright and Koser that the resistant strains elaborated an inhibitory substance which was tentatively identified with para-amino-benzoic acid Reed et al.,15 working on Clostridia, found that the species which produced the largest amount of inhibitor were those against which the sulfonamides exerted the least bacteriostatic action. They pointed out, however, that slight bacterostatio effects in vitro might be associated with marked antiseptic power in vivo, where the effects of sulfa drugs are reinforced by tissue constituents. That the tissues are not inert in this entire estuation was also demonstrated by Boroff.16 who found that the serums of sulfn resistant patients antagonized the action of sulfa drugs on sensitive organisms. Whether the substance responsible for this is para-amino-benzoic acid or some other metabolite was not established by the studies.

Under the influence of the sulfn drugs, changes in the morphologic types of bacterial colonies may be developed, such as shifts between rough and smooth strains. However, Cutts and Troppoli believe that such changes of phase, although simultaneous with sulfanilamide resistance, are not causally related and may vary independently. Along the same lines, MacLeod and Daddi' reported that pneumococci made resistant to sulfapyridine had no detectable changes in morphology, virulence, or specific immunologic characteristics.

It would seem that the most popular theory explaining the cause of increased resistance is one of an increased ability of the organisms to syn thesize para amino-benzole acid However, there are some sulin compounds, such as para-aminomethylbenzene-sulfonamide and 3',5'dibromosulfanilanilide, which are not inhibited by paraamino-benzoio acid The suggestion would naturally be made that these might be inhibited by the compound corresponding to para-aminobensore acid, which, in the case of the former product, would be the para-amino-methyl benzone acid However, etudies by Lawrence and others11 have demonstrated a lack of antagonism between these compounds, so that it is necessary to postulate some other mechanism, provided it can first be demonstrated that organisms become resistant to these compounds in the same way as they do to the classical para-amino-benzenesulfonamide types. There is a gap in our knowledge here, which will be filled shortly

A phenomenon which will require much conaderation in trying to explain the mechanism of the development of fastness is that some organ isms apparently cannot be made fast by any ordinary means. For example, Carpenter and Allison19 found that their strains of gonococci acquired only n slight, if any, tolerance to sulfathiazole, although resistance to sulfanilamide was readily established Scaler and Schmidt12 report similar experiences, as do also a number of others "11 What would appear to be needed here is a careful correlation between the paraamino-benzole neid production of organisms in the resistant and sensitive states, as well as between normal organisms and those in which it has been demonstrated that resistance could not be developed One should be able to demonstrate that in these latter their para-amino-benzoio neid production remained at very low levels. How ever, a complication in the easy acceptance of the para-amino-benroic-acid theory is that the compounds studied by Lawrence," mentioned above, are fully effective against organisms that

have been made completely resistant to the usual sulfa drugs

From the chincal standpoint an important question is whether sulfa fastness developed in vitro will be accompanied by similar lack of sensitivity of the organism in the sick patient The case report of Frisch et al , referred to above,3 clearly indicates that there is close correlation between the in vitro and the in vivo responses of Another comparable report on the the organism pneumococcus is that of MacLeod and Daddi 4 Spink et al 7 have carefully studied the correlation between the in vitro and in vivo responses to the sulfa compounds and find the two appear to be directly related For the gonococci, similar correlations have been made by Frisch et al, 19 Carpenter and coworkers, and Cohn's group 20

So far as the sulfa drugs are concerned, the most important element in the development of clinical resistance is undoubtedly the promiscuous use of self-medication Practically all writers on the development of sulfa fastness in gonorrhea emphasized that this is associated practically without exception with self-medication at inadequate levels of dosage If the sulfa compounds were to become popular for selfmedication by internal administration for treatment of other diseases, it is entirely probable that other organisms would develop similar fast states which would make subsequent therapy difficult A problem which is still in the controversial phase is whether the local application of sulfadrugs to the surface of the body is apt to result in the development of resistant organisms increasing use of sulfa nose drops, salves, bandage applicators, etc. would render this possibility of more than academic interest. So far there would seem to be little evidence that the very minimal and limited exposure of the body to sulfa compounds under these methods of application could alter in any significant way the reactivity of the invasive organisms

#### Penicillin Fastness

With the advent of penicillin, the experience gained in treating infections with sulfa drugs was scanned to see whether guidance in this phase of the problem might be obtained There is no doubt that resistance to penicillin can occur just as it does to sulfonamides Schmidt and Sesler<sup>21</sup> have demonstrated penicillin resistance in pneumococci, and have shown that it does not alter the sulfonamide sensitivity of the organisms They report the work of others where the converse has been demonstrated to be true larly, Spink et al 7 have shown that staphylococci may become resistant to penicillin, although they do not believe that this has much clinical importance Gallardo<sup>22</sup> examined one hundred

and eight strains of staphylococci, of which twenty-four were either naturally resistant to penicillin initially or became penicillin fast during the course of treatment Interestingly enough, fastness to penicillin was observed in both pathogenic and nonpathogenic strains, indicating here a lack of correlation between those particular attributes

There is no reason to believe that the mechan-18m involved in the development of penicillin resistance is the same as in the case of resistance to sulfa compounds, particularly if the importance of para-amino-benzoic acid is granted, since penicillin is not significantly affected by this compound 23 Penicilin apparently blocks the growth of organisms by interfering with their process of division 24 It has only weak action on spores and very little effect on organisms in the resting phase A very intriguing aspect of the penicillin action is that there is a considerable lag phase and that the action is not controlled by the number of organisms present 25 In this respect penicillin action resembles that of an enzyme rather than a compound which is used up on producing its physiologic effect An excellent review of the mechanism of penicillin action has recently been published by Herrell 26

There is much evidence that the recent suggestion of Cavallito, Bailey, et al <sup>27-29</sup> is an important one. They have discussed the relationship of sulfhydryl groups to the activity of pencillin and have shown that various materials which contain this group are able to mactivate the antibiotic substance. In addition, they have extended their observations to show that a number of other antibiotic substances also behave in a similar manner. Confirmation of the importance of the sulfhydryl grouping has been brought forward by Hauschka and his collaborators <sup>20</sup>

Todd<sup>31</sup> has studied the actual changes going on in bacterial solutions in the presence of penicillin He has demonstrated that there is a relationship between the ability of penicillin to lyse the organisms and its antiseptic action he points out that bacteriostasis or even death to the organisms can be produced without lysis, and he interprets the entire phenomenon as being part of one continuous chain of action in which bacterial multiplication, death, and then lysis are effected serially through the same mechanism He points out that penicillin is much more effective in young cultures when active multiplication is going on, and that the actively multiplying organisms are more susceptible to the lytic action than are older cultures He shows that, if this lysis is causally related to the rapidity of multiplication, this should result in an unusual effectiveness of the penicillin, which is indeed the

case This may help to explain, as he points out, why pencillin is so much more effective an antiseptic compound than are chemicals previously
available which lysed organisms by less specific
mechanisms

The question of how organisms can become fast against penicillin action cannot be answered in any simple way Demeric<sup>12</sup> has shown that the resistance to penicilin persists through more than twenty broth transfers. He postulates two possible mechanisms for the dévelopment of penicillin-resistant organisms

1 That resistance is an acquired characteristic which develops through the interaction between bacteria and penicillin when the two are in contact with each other

2 That resistance is an inherited characteristic which originates through mutation and its origin is independent of penicillin treatment

It would seem that the first possibility is n relatively unpromising one, since it implies a selective persistence of more resistant organisms, the greater registance being achieved through their ability to withstand highest concentrations of the antihiotic substances. This is in essence the theory, as has been discussed in relation to sulfaactions, of the drug weeding out the less resistant members of the population and leaving a new population derived from only the more resistant survivors Such a theory seems to the writer to be madequate in view of the repeated demonstration that the degree of resistance which can eventually be shown is far beyond that possessed by any organism present in the culture when freshly exposed to the antibiotic substance.

Demeric a second theory 12 involves assumption of the occurrence of mutations which radically modify the registance of the organism through the introduction into it of new characteristics first glance there might be some heatation about accepting the theory that such mutations continnously occur, in view of the common concept that mutations are extremely scarce and infrequent events However, it must be remembered that the total number of bacteria present in a culture runs into astronomic figures, and that it is entirely possible that mutations are frequent enough in an organism as simple as the bacterium to permit the required changes in its protoplasm under the conditions of study Inasmnch as many mutations are probably occurring in addition to those which are under study affecting penicillin remstance, it would follow that these may be much more frequent in organisms at this low level of development than they are in higher

Spink and Ferris<sup>11,61</sup> reported that staphylococci which had been made resistant to penicillin produced an inhibitor for penicillin However, this is not universally true, since they also observed four strains which had been made highly resistant by exposures in vitro, but which were apparently lacking in any inactivator of the antiblotic

McKee and Houck\* have reported that increased resistance to penicillin and loss of virulence are accompanied by a slowing in the rate of growth of organisms and variations in the types of colonies. However, they did not find in pneumococci any change in the bile solubility or in type specificity, nor were there alterations in the fermentative reactions.

Of chaical importance in penicillin therapy. just as in that with sulfa compounds, is the question whether in-vitro resistance to the antihiotic is indicative of resistance in vivo Warmer and Amluxen26 reported that a hemolytic Staphylococcus aureus which was resistant to penicillin in vitro resisted the same concentrations in vivo Similar observations have been reported by Schmidt and Sealer 11 for pneumococci, and would seem to be generally applicable Penicilin fastness, once induced, apparently may permat over prolonged periods of time, although this again is much influenced by the characteristics of the specific strain. There is also a marked difference between strains in the case with which such fastness can be developed Reports have been made of fastness developed in hemolytic Staph aureus, 32,36 streptococci,26 pneumococci,21 ronococci,23 and probably many others

The prevention of the development of penicillin-fast strains is, of course, very important if penicillum therapy is to continue as highly successful as it is at present. Apparently most organisms which are at all sensitive to penicillin can be killed by it at concentrations which are within attainable levels. If the therapy is so adjusted that effective concentrations are used from the outset, then the organisms are killed very quickly before an opportunity is afforded for their passing over into the resistant state. It follows from this that it should be axiomatic to use high doses of penicillin at the very outset of treatment, and to continue this extremely vigorously until the infection has been completely climinated start out on a low dose in the expectation of building up to the minimum required level would simply ensure that an inadequate therapeutic response would be secured or that difficulty would be encountered no matter what eventual lovel of penicillin concentration is finally at-

In visw of this situation it becomes obviously necessary to ensure that inefficient self-medication with penicillin be avoided and that the dosage recommended by the physician be kept at such levels as will produce fully offective concen-

trations in the blood or tissues from the beginning of treatment 87 It has been this sort of reasoning that has led the Food and Drug Administration to attempt the arduous and largely thankless task of controlling the potency and the recommended dosages of all forms of penicilin, even though they be designed only for surface application where there is no serious danger to the life of the patient if the therapy be only incompletely It will be very interesting to observe during the next few years whether the regulations now being promulgated will be sufficient to keep the use of penicilin completely under the control of physicians or whether there will develop with this drug an extralegal self-medication comparable to that which is now in vogue with the sulfa If the latter situation arises, increasing numbers of penicillin-resistant infections can be confidently anticipated

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#### INVESTIGATORS UNCOVER NEW EVIDENCE IN POLIOMYELITIS STUDY

Three investigators from the University of Michigan School of Public Health have discovered that the virus which causes infantile paralysis can be present in a person's intestinal tract for as long as mineteen days before the onset of paralytic symptoms

Gordon C Brown, ScD, Thomas Francis, Jr, MD, and Harold E Pearson, M.D, all of Ann Arbor, Michigan, based their study on 51 stools and 57 throat washings taken at the Detroit Recreation Camp, northeast of Brighton, Michigan, in July, 1944 Their report appears in the September 8 issue of the Journal of the American Medical Association

The camp, which the investigators say is "clean and well taken care of," is owned and operated by the City of Detroit for the benefit of underprivileged boys and girls. Several cases of infantile paralysis broke out in the camp, all confined to one cabin, which housed ten boys between the ages of 13 and 17

The first boy became ill on July 2 and three days later he was admitted to the Herman Kiefer Hospital, Detroit, with the diagnosis of poliomyelitis.

pital, Detroit, with the diagnosis of poliomyelitis.
On July 9, the three Ann Arbor investigators in company with Detroit health officials, visited the

camp and began their study, which was aided by a grant from the National Foundation for Infantile Paralysis, Inc

On July 28, one of the camp boys, Richard W, was admitted to Herman Kiefer Hospital with symptoms of infantile paralysis. Thus, nineteen days elapsed between the time the stool was taken and the onset of the disease

When a preparation of his stool specimen was injected into a monkey, it caused weakness in the animal's left arm and partial paralysis of the left leg-

"The detection of virus in the stool of Richard W establishes the fact that virus may be present in the intestinal tract for some time before the onset of the paralytic disease," the Journal article says "More than the usual precautions were taken to verify this finding

The original stool was processed twice and each time caused typical symptoms in monkeys. Diagnosis was corroborated by microscopic examination, which showed characteristic if not extensive involvement of the nervous tissue. The fact that four other boys exposed for exactly the same period likewise had virus in their stools adds materially to the evaluation of the findings."

#### CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL
COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports, slightly edited, of conferences by the members of the Departments of Pharmacology and of Modicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and mustitutions. The questions and discussions involved participation by members of the staff of the college and hospital, students, and visitors. The next report will appear in the February 1, 1946 issue, and will concern "The Use of the Mercurial Directics."

#### Surgical Treatment of Hypertension

DR. McKren Cattell. The medical treatment of bypertension has been a problem in therapy which has not been satisfactory. In recent years we have beard more and more about the surgical approach to the problem and we hope today to get some of the latest information about that, and perhaps also the views of other groups who are coocerned with the problem. Dr. Ray

will open the discussion

DR. B S RAY I may begin by saying that the surgical treatment of hypertension is and has been for the last twelve years in the experimental stage The first operations done deliberately to lower hypertension were based largely on empiricism, upon the observation, for example, that when a spinal anesthesia was produced, with the level somewhere above the middle thoracio regioo, there was a concomitant fall in blood pressure. It was reasoned from such an expenence that one might, with selective operation. cut vasoconstrictor cerves supplying the large vascular bed in the splanchnic area and the lower extremities, and thus permanently lower blood pressure. Unless one believes or can show that there is some advantage in lowering the blood pressure by this means, there is no other useful purpose for the operation. I believe, therefore, that operation can be evaluated solely on its ability to lower the blood pressure. There are some who maintain that elevated blood pressure is only one manifestation of hypertensive vascular disease, and that lowering the blood pressure will have little or no benefit on the patient who has such disease Until or unless that can be proved, the operation, if it can lower the pressure, deserves continued usage, since evidence can be presented which suggests that there are advantages in association with the lowering of the blood pressure.

Until recently, the surgeons have been occupied with finding a suitable operative method, one that would be practical, as nearly complete in its sympatheetomizing effect as possible, and reasonably safe for the patient. The first operation consisted in extensive laminectomy and division of many anterior spinal roots, thereby ioterrupting the sympathetic outflow to the splanchnic region. This was a formidable operation, and was destined to be replaced by something more practical There followed then for several years a variety of operations designed to interrupt the sympathetic pathways in the paravertebral area, that is, outside of the spinal regloo One of these consisted in cutting the sym pathetle pathways in the thorax above the diaphragm Another one consisted in interrupting the pathways below the diaphragm. A few surgeons employed removal of the celiac ganglia. However, all of these operations were half measures, and the results from these operations were not sufficiently good to warrant their continuation.

The operation which we cow employ, which has been in use oow for about five years (at our negrital for about four years), and which is often referred to as the Simithwick operation, is a thoracolumbar sympathectomy. It removes a very large portion of the sympathetic supply to the splanchnic vascular region and to the lower externities, and it is done in such a way that the possibility of regeneration of the sympathetics

is greatly diminished

In sympathectomizing any part of the body there are several principles that one must keen in mind One of these is that the removal of the sympathetics to the area one wishes to sympathectomize must be as complete as possible. We have demonstrated beyond question in the oppor extremities that if 10 per cent of the sympathetic supply remains, the result is compromised 50 per cent. Another principle is that the operation must be performed in such a way that regenera tion is avolded or minimized. In animals we know that the sympathetics will regenerate over long distances Another principle that I belleve is important is that the sympathetic system should, if possible, be interrupted in the proganglionic rami, leaving intact the postgaoglionic neurons. Cannoo has demonstrated that if the postganglionic ocurons are intact, there is

much less sensitivity of the blood vessels to circulating epinephrine than occurs if these neurons are interrupted. Often it is easier to divide the peripheral neuron than the proximal one in performing a sympathectomy, that is, it is easier to interrupt the postganglionic than the preganglionic neuron. The surgeon must appreciate this principle and direct the procedure toward the proper neuron.

A brief review of the anatomy of the sympathetic system and the splanchnic area will explain the principles employed in the operations for hypertension The entire sympathetic system has its origin from the first thoracic to the second or third lumbar segments of the cord The first, or preganglionic, neurons, on leaving the cord, traverse the anterior spinal roots and join the thoracolumbar ganglionated chain, which lies in the paravertebral gutter anterior to the transverse processes of the vertebra believed that the chief sympathetic supply to the large vascular bed in the splanchnic area arises from the sixth thoracic to the second lumbar segments The preganglionic neurons connect directly or have an intermediary neuron to the celiac and adjacent ganglia in the region of the renal pedicles From this latter group of ganglia, the last, or postganglionic, neurons arise and supply the splanchnic vasculature

The thoracolumbar sympathectomy now in use removes all the ganglionated chain from the eighth thoracic to the third lumbar ganglia as well as the greater, lesser, and least splanchnic nerves. The white rami of supply are divided close to the points at which they emerge from the intervertebral foramina and brain clips are placed across the divided ends to discourage regeneration. All connections with the celiac and adjacent ganglia are cut, thus leaving these ganglia and their postganglionic neurons intact though completely detached from any central control.

For adequate operative exposure, the lower ribs must be resected and the diaphragm divided Only one side can be done at a time, and the operation therefore requires two stages, allowing about ten days to elapse between stages. Intratracheal ether is the anesthetic of choice and pressure anesthesia is resorted to only occasionally when the pleura is accidentally opened. A pneumothorax at the time of operation presents no difficulties and is corrected by aspirating the air as the wound is closed.

The results of this operation have not been completely tabulated by any means, but we have now 100 cases that have been followed for six months or more, and for that period of time we have been able to draw certain conclusions

In the 100 cases operated upon six months to

three years ago, two patients died postoperatively This makes an operative mortality of 2 per cent The total of operations performed to date now exceeds 150, and there have been no further deaths The 2 patients who died were among the first 50 to be operated on and were what I would consider now to be bad risks of them had cardiac decompensation and had been digitalized, the other was so obese that a postoperative atelectasis which caused her death could not be satisfactorily dealt with Twentyfour per cent can be classed as having a good result, that is, their blood pressures in any position are not more than 150/100 We have operated on no patients who have had "borderline hypertension" Thirty per cent show improvement in that the blood pressure has been significantly lowered from its original level and the highest level in any position now is 165/110 this latter group the postoperative pressure represents a lowering of at least twenty points in the systolic and at least ten points in the diastolic pressures over those present before operation The two groups together comprise 54 per cent of the total and may justly be considered to have a satisfactory result from operation This estimation of results is based entirely on lowering the blood pressure It has nothing to do with the question of symptoms

Another 23 per cent have shown some sustained lowering of pressure but not enough, I feel, to warrant enthusiasm. Included in this group, for example, would be a patient who had a preoperative pressure of 280/160 and postoperatively 200/130. Perhaps it is unfair not to consider such a case as having been improved, but if this were as much as could be accomplished in all cases, there would be little justification in my mind for continuing the surgical treatment of hypertension. Twenty-one per cent had poor results, that is, there was no significant improvement.

The results in these 100 cases approximate those reported by Smithwick in 1943. In the 75 cases he followed one to five years after operation, he estimated that 61 per cent were improved, 16 per cent were slightly improved, and 23 per cent had poor results. The operative mortality was less than 3 per cent. It may be that the 2 or 3 per cent operative mortality can be lowered if there is more careful selection of cases, but even so it is apparent that the operation is a relatively safe procedure when you consider that most of these patients are usually considered poor risks for any operation.

There are various ways to evaluate results and much statistical study may be necessary before we can learn what we should know about the results of sympathectomy in hypertension At

TABLE 1

No. of	Grade of Eye Changes I	mnrov	Moder ately 1 ed Improved	No mprove- ment	Post operative Death		
			Hypertension				
11	n i	7	0	4	000		
8	IV III	ě	9 2	Ô	õ		
34		24	4	ē	ō		
	T	pe II	Hypertension	n.			
13 19	II.	. 2	2	2 2	ó		
14	ΙĨΪ	12	è	4	0		
5	17	2	3	O	Ō		
51		27	18	8	ī		
Type III Hypertension							
4	ΙŢ	1	1	3	o		
- 1	ΙΪΪ	i	i	2 2	0 0 1		
8	ΙV	0	ī	1	ī		
18		3	7	7	ī		
Torna							
100		84	23	21	2		

present, we are trying to reason backward from our good results and our poor results in determining what patients are suitable for the operation. Now, we must assume that all the patients we subject to operation have about an equal chance for improvement. Some of those whom we were less enthusiastic about before operation have had the best results, and the reverse is also true.

White and Smithwick suggested an analysis of operative results based on the preoperative grade of eyeground changes and the type of hypertenmon. The universal division of eyeground changes is into four grades In grade I there is narrowing of the arterial caliber, in grade II there is also artenovenous nicking, in grade III there are retinal hemorrhages, in grade IV there is papilledems. The types of hypertension, of which there are three, are based on the following Type I is that in which the pulse pressure is less than one half the diastolio pressure, type II is that in which the pulse pressure is equal to or not more than 20 mm greater than one half the diastolic pressure, and type III is that in which the pulse pressure is more than 20 mm. greater than one half the diastolic pressure Type I is presumably the most favorable and Type III the least favorable for operation White and Smithwick subjected 100 postoperative cases to an analysis in an attempt to discover what value the grade of eyeground changes and the type of hypertension might have in anticipating the operative results. I have similarly subjected my cases to this type of analysis and found results mmilar to those of White and Smithwick.

It may be seen that the percentage of good results from operation is highest in those with minimal eyeground changes and type I hypertension, but there are some failures. Also, in those with more advanced eyeground changes and type III hypertension, while the percentage of good results is low, there are some successes

This study is presented in some detail to demonstrate how inadequate thus far our criteria are in determining accurately beforehand what results may be expected from operation. While generalizations can be made, based on such signs as eyeground changes, type of hypertension, and other aspects of the disease, evaluations of this kind may not pertain to the individual patient. Therefore, for the present, we choose to consider all hypertensives suitable for operation unless they demonstrate certain specific complications of their disease or some unrelated physical state not compatible with the operative risk.

Let us consider some factors that appear to be useful in determining the desirability of operation I believe, first of all, that patients who have serious cardiac disease should be excluded. That kind of statement, I know, would be immediately challenged by cardiologists, but I have my own ideas about what constitutes serious heart disease Patients with heart block or cardiac decompensation or those who have had frank clinical coronary occlusion are very poor operative risks and stand to gain little from sympathectomy The patients with advanced renal damage, i e , those who have nitrogen retention which is not improved with the ordinary measures, or who show poor urine concentration, or who have a phenolsulionphthalein ontput that is alarmingly low, are excluded from operation. Third, patients who show signs of acute encephalopathy, increased intracranial pressure, mental confusion, and disorientation should not he operated upon. Patients who have had strokes but have none of the other signs of cerebral disease, on the other hand, often are among those obtaining the best results from operation. In addition, it is found that patients over the age of 50 have uniformly poor or only moderately good results. The best results have been obtained in patients under that age

Men, on the whole, respond less well than women to the operation, although some men have had remarkably good results. Two men in our series of cases have been threatened with induction into the army since their postoperative blood pressures met the requirements of army standard, and letters certifying their previous hypertensive states have been requested by the inductees desiring to avoid military service Some of the poor or mediocre results in men in the past have doubtless been due to the policy of resecting the lumbar sympathetic chain on

one side only in order not to sterilize the patient Resection of the lumbar chain to or below the second ganglion causes loss of ejaculatory power, though all other sexual functions are undisturbed I am convinced now that failure to resect the lumbar sympathetics compromises the results, and I have taken the attitude, therefore, that unless a man is willing to have the complete operation, none should be done

A few patients known to have glomerulonephritis have been subjected to thoracolumbar sympathectomy and, although the blood pressure in each has been significantly lowered, they have not been bettered in other respects sufficiently to warrant the procedure. On the other hand, a few have been unsuspectingly operated upon whose kidney biopsies have shown them to have glomerulonephritis, and some of them have had a good lowering of the blood pressure.

Poor operative results have occurred consistently in patients who have shown a rising diastolic pressure over 140, particularly in those with significant impairment of kidney function. Poor response to both cold-pressor and sedation tests probably constitutes a contraindication to the operation, but I have not yet seen fit to deny operation to an eager patient on this basis alone.

We must finally show that in addition to lowering the pressure there are other benefits to the hypertensive state resulting from sympathec-The improvement in eyegrounds is a very constant finding following the operation If there has been any lowering in pressure, hemorrhages will almost always disappear and papilledema can be counted on to disappear if the pres-One may reason from these changes that if the retinal vessels can change in this degree, perhaps the cerebral vasculature will also improve, since we usually look upon the ocular vessels as an index of the state of the cerebral If possible, we should show that vasculature some improvement occurs in the cardiac status and in the renal status Very little evidence has been seen that renal function is improved even when blood pressure is returned to normal. though Smithwick has reported such an occur-But a few patients have appeared to show significant improvement in their cardiac status. that is, improvement in the electrocardiogram and in the size of the heart One patient, whose electrocardiogram showed significant coronary changes before operation, a year later, with a normal blood pressure, showed a comparatively normal cardiogram

In brief conclusion, therefore, I believe it can be said that the thoracolumbar sympathectomy now in use gives promise thus far of producing a significant lowering of the systemic blood pressure in at least 50 per cent of the patients We are beginning to obtain some evidence also that the lowering of pressure can improve the cardiac status, cerebral vasculature, and, very occasionally, renal function The final proof of the value of the operation will come after the cases have been studied for a good deal longer than has yet been possible

DR CATTELL Will you discuss the changes in cardiac status, Dr Stewart?

DR HAROLD J STEWART It was only a short time ago that I looked over the series of electrocardiograms of this patient Before operation there were progressive changes in the electrocardiograms which made us think that she had an anterior apex lesion There was deep coving of the T-waves in Leads I, II, and IV Serial changes occurred while the patient was under observation before the operation A year later the T-waves were upright and of normal contour in Leads I, II, and IV

DR CHARLES H WHEELER Might not these changes represent the recovery from coronary occlusion rather than beneficial effects of the sympathectomy?

DR STEWART That is true Patients show the same changes as the result of a coronary occlusion, so that one cannot be certain that the changes in this case are related to the restoration of the normal blood pressure However, Dr White recently reported a review of Dr Smithwick's cases, and I think that in these there are enough observations showing that significant electrocardiographic changes follow the operation in many patients

DR HARRY GOLD I would like to ask a question about the cases of congestive heart failure which, you indicated, were not favorably influenced by the sympathectomy By including them among the "poor results," do you mean that the blood pressure did not fall in these cases?

DR RAY All the results have been evaluated in terms of blood pressure fall alone

DR GOLD It isn't clear to me why, in patients with heart failure, the blood pressure should not fall after the operation in much the same way as in other cases unless it turns out to be that those who show heart failure also have such advanced vascular disease that the operation fails to lower the pressure

DR RAY There is, of course, the fact that few patients with congestive heart failure have been operated upon. My impression is that not only is the operative risk unduly great in such patients, but that significant improvement in their cardiac status or in longevity is hardly to be expected even though the blood pressure might be lower.

DR GOLD It may well be that the operative

risk in patients with beart failure is much greater, but it isn't quite clear to me why such patients, provided they survive the operation, should not do better if their blood pressure falls following the operation. Excessively high pressure certainly increases the strain on the heart. But again, as you indicated, it may be that the number of such cases has been too few to make a final judgment

Dr. RAY All operative results cited here today referred only to the effect of the operation in lowering the blood pressure and disregard tho effect of the operation on symptoms Since the operation is directed solely toward lowering pressure, the most pertinent evaluation of results can be based only on this change. Few. if any, patients are made more than temporarily worse symptomatically by the operation, many maintain that they feel better after operation even though pressure is not significantly improved, while some with good lowering of pressure find no improvement in those symptoms which they formerly associated with their hypertension About 10 per cent of the patients that have been operated upon have had no preoperative (or postoperative) symptoms

DR. EUGENE F Du Bois I noticed that almost all of the conditions mentioned as contraindications to sympathectomy represent types of patients upon whom one would not like to per-

form any major operation

Dr. RAY Hypertensive patients are notably poor risks for any type of major surgery example, the principal cause of mortality in cholocystectomy is hypertensive disease has been gratifying to find the operative mortality as low as it has been in sympathectomy

STUDENT Is there a difference in the gastrio

acidity before and after the operation?

DR. RAY We have studied gastrio acidity before and after sympathectomy and have found no effects. I have in mind, however, that section of the parasympathetic supply to the stomach might be more effective in diminishing gastrie acidity. It would be a relatively simple matter to cut the vagi at the diaphragm Both vagi are divided at the diaphragm often enough these days at the time of total gastrectomy and no known deleterious effects occur on the function of the remainder of the intestinal tract

DR JANET TRAVELL It is interesting that Dr Lester Dragstedt and his associates, of the University of Chicago, have reported that supradiaphragmatic double vagotomy in patients markedly reduces both the night volume of gastric juice and gastric acidity

Dr. H. E B PARDEE Have you any figures on the subsequent changes in the blood pressure after the early improvement?

DR RAY I am not entirely prepared to answer that question There is a common belief, which is frequently stated, that there is a tendency for the blood pressure to "creep" back up to its original level after an initial lowering, but few have felt called upon to qualify that statement. What I have found so far is that the blood pressure may gradually return to its preoperative level in the first six months, but If the pressure is at a lower level six months after operation, it tends to remain lowered for as long as it has been observed In other words, if the results are not evaluated until more than six months after operation the tendency for the blood pressure to "creep up" is not so impressive

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DR. PARDEE How long after six months have you followed the blood pressure changes?

Dr. RAY Up to three and one-half years DR PARDEE And in how many of those has the blood pressure crept back after an months?

Dr. RAY In comparatively few in the early cases, that is, those subjected to the other types of operation, and now followed ten, eleven, or twelve years, it has been noted that those few who had significant lowering of pressure after six months all continued to maintain the same pressure thereafter

DR. CATTELL The natural history of the disease seems so important in the evaluation of these results I wonder if Dr Gold would com-

ment on that.

Dr. Gold If we are going to draw any deductions from the behavior of 100 hypertensive patients who have been operated upon and observed carefully during a subsequent period of six months to several years, we have to relate them to a similar number of cases without operation who have been similarly carefully observed That seems obvious enough, but I am not sure that such control observations are made as well as they should be In the work of the Research Committee of the New York Heart Association there have been assembled records of many hundreds of hypertensive patients in attendance nt the cardiac clinics over a period of many Some of these have been charted, and they give some idea of how variable blood pressure may be in any individual. Most people know that there are sharp peaks and troughs in the blood pressure record, the first time the pa tient is examined the blood pressure may be 170/100 and the second time a few days later, or a few minutes or hours, 140/85 Once he seemed like a hypertensive patient and the second time like a normal one. However, it is the broader sweeps in the life history of the hypertensive state which I believe are so commonly overlooked, namely, the periods of many months when the blood pressure is very high followed by

periods of many months when the blood pressure is much closer to the normal range brought here several samples of such cases which I would like to pass around They cover frequent blood-pressure readings over periods of many months to years On any of these charts you will find points at which you may place an imaginary sympathectomy with very gratifying results Here is a record describing a period of observation of five years with an average blood pressure ranging around 220 systolic and 130 diastolic If you place this imaginary operation at the appropriate point, it will be followed by a blood pressure ranging around 160/105 on the basis of four readings taken in the subsequent period of approximately a year and a half course, as you see, the blood pressure went up These are random examples from a large batch of charts They may not even represent the best ones Here is an excellent record with the blood pressure gradually mounting, as shown by many readings taken over a period of a year and a half, with a systolic pressure between 190 and 200, now place the imaginary sympathectomy at this point and the blood pressure goes down to a level around 150, at which it remains over a period of more than a year Before one can be impressed by the long-range hypotensive effects of the sympathectomy, an attempt will have to be made to match the results against such records as I have here

DR WHEELER There are many things one would want to know about these patients How do we know that they have not had a coronary occlusion or are patients in congestive heart failure?

DR Gold These patients have been very carefully studied clinically and with electrocardiograms. Those that I am showing here are free of any factors that one can put one's hands on to explain the protracted period of lowered blood pressure.

DR WHEELER Granted that this happens, as you pointed out, Dr Gold, still it is unusual to see a patient with hypertension of long standing lose the hypertension, and it would be still more unusual, as in Dr Ray's cases, to see a long series of hypertensive patients whose pressure happened to fall coincident with the operation

DR GOLD I agree that it would be very unusual to see a long series of hypertensive patients lose their hypertension coincident with an operation, but then I don't doubt that the blood pressure goes down as the result of this operation, and that in some it may remain down for a very long time. In point of fact, the operation may cause such pronounced fall of the blood pressure and impairment of the vasomotor control that for some time the patient may be unable to be

upright without fainting. The question is not about the immediate or very early effects of the operation on the blood pressure, but about the long, persistent lowering of the blood pressure. Here I am inclined to describe the operative results somewhat differently

My impression is, on the basis of the natural behavior of hypertensive patients, that important and persistent decline of the blood pressure as the result of sympathectomy does not apply to nearly half of the cases, as the present surgical reports indicate, but rather to a very small pro-The operation is apt to be associated with a protracted period of inactivity and some revision in the patient's attitudes and habits favorable to the sustained lowering of blood pres-The patient who has risked his life in a serious operation to lower his blood pressure is a chastened person and is likely, for some time, to avoid involvements in sustained physical efforts, tension-provoking situations, or torrents . of emotion Many of these longstanding moderate reductions of the blood pressure following the operation may, therefore, be due to these factors rather than to the direct effect of sympathectomy While I am inclined to agree that there are cases in which the removal of the sympathetics is the factor responsible for successful and protracted lowering of the level of the blood pressure. I am of the impression that the specific effect of sympathectomy has little to do with the sustained moderate reduction of the hypertension which occurs in the majority of the so-called successful cases It is my opinion that when remissions which occur spontaneously and those due to such accessory factors as I have mentioned are subtracted, the number of successful "cures" by sympathectomy will turn out to be very small

DR RAY I am well aware that in some patients blood pressure does fall unaccountably with or without operation. In our own sense we are in a position to compare the initial results of the present operation with those of three other types of operations for hypertension. If the patients (about 65 in number) that were subjected to the earlier types of operation for hypertension be used as a control group, a comparison of their initial results with the initial results in the patients subjected to the thoracolumbar sympathectomy leaves no doubt regarding the specific depressor effect of the latter operation.

Another point to emphasize is that in my experience it is rare to see any significant drop in blood pressure after the first stage of a two-stage sympathectomy. The lowering, if any, comes after the second stage is completed.

Dr. Gold That is the point No one can help being impressed with the initial effects

It's the long-lasting effects that do not seem to me very impressive Isn't the remussion resultng from the operation merely an interlude of no great consequence in the history of the hypertension in the great majority?

Dr. Cattell How do you explain the failure of the blood pressure to fall after the first stage?

Physiologically it seems rather surprising DR. RAY I don't believe so, Dr Cattell, be-

cause I am impressed with the fact that it does not take much sympathetic supply to make up for partial loss.

DR. CATPELL Is that related to the fact that sympathetic innervation overlaps and is still profusely distributed after cutting part of the

supply?

DR. RAY I think so In our published results of the investigation of sympathetic supply to the upper limb it was found that the segmental supply to the limb arises from the second to the tenth thoracic segments. In a few patients with Raynaud's disease all anterior nerve roots carrying sympathetic fibers to one upper limb were divided while all hut one were divided on the opposite side Postoperatively, the hand on the side on which a single root has been left intact was found to be elevated in temperature only one half as much as the opposite (completely sympathectomized) hand In one case, tho subsequent division and in another the temporary blocking with procaine of the single remaining root resulted in additional rise in temperature of the homolateral hand to a temperature equal to that in the opposite completely sympathectomized hand This experiment, we concluded, demonstrated the necessity for interrupting all sympathetic fibers to the area one wishes to sympathectomize

DR. CATTELL How extensive do you think the distribution of that fiber was?

DR. RAY It was extensive enough to maintain the temperature of the hand 50 per cent colder than the opposite one, and when that remaining nerve was blocked out with novocaine or cut, the temperature equaled that in the sympathectomized hand.

DR JOHN B DETTRICK I would like to comment on one point Your study was presented from the standpoint of the effect of the operation on the blood pressure, but you stated that there is as yet no proof of the benefit of the drop in blood pressure. What we are really interested in knowing is whether it prolongs the life span of the patient. Does it add to his comfort? It seems to me very difficult to establish any control to decide how much benefit has resulted It would be necessary to pick comparable patients or else go back years to similar age groups with similar blood-pressure levels and symptoms and use those as controls to evaluate the benefit of the operation. With regard to the blood pressure itself, I am inclined to think a person can get along satisfactorily even with a high blood pressure I have followed some patients now for as much as ten years who had a history of high blood pressure going back fifteen years We ought to have some enters to evaluate this more accurately other than blood-pressure records

Dr. PARDEE Don't you think we have this in the electrocardiogram, the eyegrounds, and the change of heart size? Those are three def-

into things that can be observed

DR DEITRICK I have seen a patient who had a very large retinal hemorrhage and a blood pressure of 200/110 five years ago, and today her pressure is 165-180/100 Her retinal hemorrhages and her headaches have disappeared Why, I don't know

Dr. Ray Those are exceptional cases are talking about 50 per cent of the whole, and you are talking about the exceptional case

Dr. Stewart One would not find 25 out of 100 cases of hypertension that would show any such results

DE RAY If it can be shown that operation stops or slows the progress of objective signs of the disease, that would provide one method of evaluation

Dr. Destrick It would be desirable to have control studies on patients with the elevated blood pressure as the only abnormality

DR RAY We cannot save patients in the last stages of the disease Our effort should be to prevent or postpone that

Dr. Deitrick That is why I would like some controls to see to what extent that can be done

DR RAY There is the Keith-Wagner evaluation of life expectancy in hypertensive disease against which results may be compared after a few more years have elapsed

Dr. STEWART I think the way these patients feel is also important. They feel like normal individuals when their blood pressure is down to normal

DR GOLD I want to say a word about the electrocardiogram We ought to consider the electrocardiographic changes which occur after the operation with great circumspection electrocardiogram of a patient with hypertensive disease is extremely labile We have observed large series of electrocardiograms taken during periods of several years in the hypertensive patients of our clinics. It is not at all uncommon to find the tracing normal at one time, while at another time T-1 or T-2 are inverted, or the RT interval is depressed, these changes occurring without any particular relationship to the state of the patient They are similar to the electrocardiogram of patients with coronary artery disease

In one patient a coronary thrombosis will result in marked changes in the tracing which remain permanently, but the patient is quite free of symptoms. In another, the changes may disappear and the electrocardiogram returns to normal, while the patient is almost incapacitated with anginal pain.

As for symptomatic improvement in patients with hypertension, the interpretation of this in sympathectomized patients needs even greater caution. We are all familiar with the common experience of the anxious hypertensive patient who can hardly wait for the reading to be finished before he asks what his blood pressure is. If you tell him it is 220, he is very much disturbed and continues on his way with no end of symptoms. Tell him it is 150, give him some reassurance, if necessary a placebo, and one frequently finds that the same patient carries on almost free of disturbing symptoms.

DR RAY I make no claims for the effect of the operation upon symptoms, since the indications for and the results of the operation are not based on symptoms. As a matter of fact, the patients who get the greatest lowering of blood pressure are sometimes the most uncomfortable for the first period of months afterwards until they can accommodate to the new pressure. Often the patient who comes back in a month or two after operation and says he feels fine is the one that has had no lowering of blood pressure, but were I to rationalize the operation on such flimsy claims, I would feel less secure in defending it

DR MACK LIPKIN You described the contraindications for the operation What are your indications at the present time?

DR RAY Those who don't have the contraindications

Dr. LIPKIN Any individual that we have reason to believe has had hypertension long enough to make it more than a single observation and who does not fall into the group with contraindications is considered suitable for the operation?

DR RAY Yes

DR WHEELER Am I correct in understanding that, if you saw a patient over a period of six months who repeatedly had a blood pressure of 170 systolic and 105 diastolic, you would operate on that patient forthwith?

DR RAY I would give him the opportunity of it

DR WHEELER I would like to ask a question of Dr Stewart as the person who usually sees the hypertensive patient before the surgeon

does To which patients do you recommend the procedure at this time?

DR STEWART I would go by that list which Dr Ray showed

DR WHEELER Any patient who has a persistent hypertension?

DR STEWART Without contraindications, yes DR WHEELER Could I ask you the same question, Dr Pardee?

DR PARDEE The operation is a new procedure, about which there is a great deal yet to be learned. I would hesitate to present it or recommend it to a person who had hypertension which was asympathetic and which was not associated with evidence of progressive arteriolar changes. The person who was having symptoms or showed arterial changes which I thought might result in a cerebral hemorrhage or a renal complication or a cardiac complication I would think suitable for operation.

DR GOLD You would then send them for operation when they are in the late rather than in the early stage of the disease?

DR PARDEE Yes I would not use it as a preventive as yet, because I am not quite sure at the present time how effective it is I would not like to subject anyone to a procedure in which there is a 2 per cent operative mortality

DR. RAY Of course, it is an eminently fatal disease we are talking about

DR PARDEE I know, but you can watch it for three or four years without doing the patient much harm

DR GOLD And many of these patients live to ripe old age

The reason which is often given for operating on an early case of hypertension is that one can hardly expect the blood pressure to fall in an advanced case in which the vessels are so badly That argument doesn't appeal to me diseased I recently saw a 37-year-old man with very advanced hypertension, on whom a Smithwick operation had been performed about two years previously. At that time he had a blood pressure of about 260/130 He now has a blood He was subject to headpressure of 240/130 aches, shortness of breath, and anginal pain on slight provocation before the operation headaches are somewhat diminished, but then, he worked very hard up to the time of the operation and has not worked since The anginal symptoms have not improved About six months after the operation he developed a cerebral hemorrhage with left hemiplegia, from which he has recovered The operation seems to have been a complete failure as far as one can judge The point I wish to make, however, is that the failure was not due to incapacity on the part of the blood vessels to dilate, for shortly after the

peration the blood pressure was so low that it could barely be registered, and when the patient began to be up and about he had to wear an abdominal binder as well as hinders on his legs in order to help him maintain an adequate blood

pressure.

The fact seems to he, in this case, that the sympathectomy temporarily eliminated his capacity for vasomotor adaptations, but seemed to have done nothing to after the basic course of the disease.

DR. CATTELL Dr Goldring, professor of clinical medicine at New York University, has been interested in this problem, but he was unable to be present so he sent a statement, which I would like to ask Dr Wheeler to read at this time.

DR WILLIAM GOLDRING There are two primo objectives in the treatment of hypertension One is specific and aimed at elimination of the cause of the disease, the other is nonspecific and aimed at the alleyiation of symptoms.

In the earlier days of its application it was widely felt that sympathectomy might prove to be a specific measure on the grounds that buman essential hypertension is caused by primary renal ischemia and that such ischemia might be eliminated by relief of splanchnic vasoconstriction. However, there is a growing body of acceptable evidence against the primary renal ischemic origin of human essential bypertension, and furthermore, studies before and after sympathectomy have clearly shown that the renal blood flow does not increase after the operation.

It seems quite clear now that sympathectomy must be considered a nonspecific method of treatment.

Whether or not one is impressed with the results to date depends upon his acceptance of partial or temporary reduction in blood pressure as an advantage to the patient Thus implies that the blood pressure itself imposes a strain on the arterioles and on the left side of the heart. The question of the relationship between bypertension and arteriolar disease is still unanswered There are some who believe that renal arteriolar disease precedes and accounts for the elevation of blood pressure, others advance evidence which appears to indicate that bypertension precedes and accounts for the secondary occurence of arteriolar disease. And still a third group of investigators are of the opinion that elevated blood pressure and arteriolar disease are independent of each other, le., both vasoconstriction and its symptom, hypertension, on the one hand, and arteriolar disease on the other, may be unrelated, concomitant effects of tha still unknown pressor mechanism In this latter view, simple lowering of the blood pressure would not be expected to reduce the degree or extent of arteriolar disease

The existence of these three hypotheses, indicating n fundamental difference of opinion, strongly suggests that any assumed advantage to the arterioles of lowered blood pressure must still be considered a matter of speculation

The spanng effect of lowered blood pressure on the left aide of the heart seems obvious and a highly desirable goal, but even in this regard I would be more impressed with reduction of blood pressure to average normal levels than merely a lowered blood pressure still in the by pertensive range

It should be remembered that blood pressure is a highly variable function, the method for its measurement is crude, and in particular there is often no direct relationship between the height of the blood pressure and the seventy of the disease. It would be unfortunate if a final estimate of the worth of surgery in hypertension should eventually rest on nothing more secure or significant than measurement of the level of blood pressure.

Sympatheetomy is a method without equal for the relief of intractable headache, but in theory and from chincal observation of both medically and surgeally treated patients, I am impelled to the tentative opinion that sympathectomy has not been established as a sound treatment for this disease

Undue enthusiasm for surgery now might con ceivably result in some slackening of interest in the major problem in the therapy of bypertensive disease, namely, discovery of the causative mechanism and its management by specific measures.

Sympathectomy is a nonspecific symptomatic treatment Pending final analysis of accumulating data it should be considered as no more than a highly desirable clinical experiment.

Present uncertainty concerning the value of sympathectomy is no better exemplified than in the conflicting views expressed by different in vestigators, one current opinion is that the operation should be restricted to those with advanced vascular disease, since no other form of therapy is effective, the other is that the operation should be reserved only for the earlier stores of the discuse, since no benefit can be expected after extensive vascular disease has appeared While it appears to me that the latter view is hy far the more reasonable, I am impressed with the lack of agreement among competent observers who have had actual clinical contact with both medically and surgically treated hypertensive patients. The inference must be that the results in surgically treated patients are open to various shades of interpretation

Its final appraisal must rest upon one single crucial criterion, namely, the life span of surgically treated patients as compared with expected longevity without operation. This is admittedly a difficult and perhaps even impossible task. If the answer is ever to come it will be from continued application to the problem, and I for one will look forward to a more definitive statement in the future. For the present I am compelled to hold in abeyance any real enthusiasm for this method of treatment.

DR CATTELL Would you like to answer any of the points Dr Goldring made, Dr Ray?

DR RAY There is no real conflict between Dr Goldring's and my statement of the problem I repeat that from the surgeon's standpoint the operation is designed primarily to lower the blood pressure in hypertensives and if in ten, fifteen, or twenty years from now it can be shown that these patients live longer, then the value of the operation will have been proved. It is true that in some patients headaches are benefited by thoracolumbar sympathectomy even though blood pressure may not be lowered, yet headache alone can rarely, if ever, be considered a worthy indication for such an extensive operation is all well and good to look for the cause and the nonsurgical cure of hypertension, but after these many hundreds of years none has been forthcoming, so I hope the medical profession will bear with a few of us who are approaching an old problem from a new angle If we don't start, how can we evaluate the results twenty years hence?

## Summary

DR GOLD The surgical treatment of hypertension was the subject of the conference this afternoon. There have been several surgical procedures but the one which appears to have proved most successful in lowering the blood pressure is the double thoracolumbar sympathectomy. This involves the preganglionic severance of sympathetic connections to the central nervous system from about the eighth dorsal to the third lumbar segments. The operation abolishes vasomotor control to the splanohnic area and lower limbs. We have had the views

of a surgeon with a fairly extensive experience in this form of operation. He maintains that a fairly significant lowering of the blood pressure may be expected in at least 50 per cent of the patients, and called attention to evidence that the operation not only lowers blood pressure but affects the course of the disease in other respects namely, improvement in the vessels of the evegrounds, the heart, and possibly the kidneys Widely divergent views were expressed An intermst with a large experience in the management of hypertensive disease indicated that there was no evidence that the sympathetics are important in the causation of the disease. He stated his belief that sympathectomy is a nonspecific symptomatic treatment, serving essentially to relieve the intractable headaches of the hypertensive While there is general acceptance of the fact that the operation produces initial lowering of the blood pressure, it is indicated that the pressure tends to rise again in the majority and that the persistent moderately lowered level of the pressure in many of these patients may well be due to the altered habits and attitudes of the patient who has subjected himself to a serious operation for the purpose of escaping the dangers of high blood pressure It was pointed out that there are long periods in the life of the hypertensive patient when the blood pressure is very much lower than at other times, and that such variations in the natural history of hypertension complicate the interpretation of the surgical results

There are divergent opinions as to what kind of patients might be most suitable for this operation Some prefer to operate only on early cases and others prefer to reserve the operation for longstanding ones in which it is clear that the disease is not stationary and is progressing to more serious phases. It was pointed out that whether patients who have been operated upon will live longer than medically treated patients with hypertension is the crucial question, and that concerning this we have, as yet, no in-There seems to be fairly strong beformation hef that thoracolumbar sympathectomy is a highly desirable clinical experiment at the present time

ON TOP

The schoolmaster was angry with the doctor's small son. "I will certainly have to ask your father to come and'see me," he remarked.

"You'd better not," said the boy, "he charges five dollars a visit"—J Am Inst Homeop, Aug, 1945

## Annual Meeting

## Medical Society of the State of New York

Address of the President\*

EDWARD R CUNNIFFE, M.D.

AM PRESENTED to you under very different circumstances than usually obtain at this eeting As you well know, government restricon on transportation and the ban on convenons were responsible for our mability to meet as riginally scheduled This delay might have inerrupted the normal presidential succession in However, due to the fortunate prour Society ision in our Bylaws that recognizes the Presidentlect as also the First Vice-President, and the ery gracious action of Dr Bauckus, who resigned 1 May, I was allowed to take office at the usual me. I have now served five months in this caacity, most of which time is the period of the year then the Society is least active. Notwithstandog the fact that the failure of the House of Deleates to meet in May deprived us of its instrucions and information concerning the sentiment f the members of the county someties which they epresent, we were able to carry on the usual busiiess of the Society without loss of effectiveness. That this was possible is due entirely to the loyal and self-sacrificing work of the members of our Council and members of the council committees Mindful of this, I would like at this time to exress my smoore thanks for their unselfish devo-This attitude is even more commendable ion when we recall that they have served unstitutingly or this additional time when the pressure of their practice was far above the normal demands.

In carrying out the routino work of this organiration and also continuing the program of the ast administration, the work of several committees should, I think, be noted for your special The Planning Committee's report attention will show a careful study of many subjects and all suggestions for improving the delivery of medical care with many of the proposals before legislative bodies for changes in the manner of medical practice Its subcommittee, under the chairmanship of Dr Sullivan, has done a monumental work in making a thorough survey of the medical facilities available in every county of our state. This report provides us with information not only to question radical statements concerning inadequate means of providing medical care, but also should be of great assistance to us in planning

\* Delivered at the 139th Annual Meeting of the House of Delegates of the Medical Society of the State of New York, Buffalo, October 8, 1945.

for more hospitals and diagnostic centers if and where found necessary

Dr Mitchell's Committee on Postgraduato Education has set an enviable record for successful educational meetings throughout the state. We are modest when we say that the postgraduate teaching of our society surpasses that of any other state in this country The work is so extensive that its report need only to be read to be appreciated for its great value not only to our profession, but equally to the people of our state. As a result of the unusual interest in the attempt last year to pass a bill licensing another cult. a subcommittee of the Council was appointed to study all suggested means of protecting the citizens of our state from treatment by untrained The study included all known state provisions for becaming the various members of the different cults practicing the bealing arts. This study has been a careful and impartial one-all advocates of proposed remedies were allowed to express their opinion before our subcommittee and also before the Council The matter of conditions obtaining in many states has been investigated and the committee has done special work appraising the effectiveness of the Basic Science Law and examining the condition already existing which created the demand for it. This commuttee will be ready to report at this session the results of their study to the House of Delegates.

Many other committees have done such excellent work, I regret that tame will prevent me from naming them, but I do wish emphatically to state that their work is recognized and appreci-

This session promises to be a very busy and important one, due to the fact that the last meeting of the House of Delegates was held in May. 1044. Therefore, a space of seventeen months has intervened between meetings, and consequently a great many additional matters of business will be presented for discussion at this session. This, together with the appeal of one of our members from the decision of a component society which must be heard by our delegates, makes it very important that we do not delay unduly in getting to the active business of this meeting However. I would like to pause briefly to call attention at this time to some of the legislation that is sure to be presented at the next meeting of our Legislature

One matter is the question of compulsory health insurance, which is of unusual interest to us in New York State For not only are we concerned with the Wagner-Murray-Dingell Bill, which is pending before the national congress, but also with similar measures which may be placed before the state legislature in the next session The question is often asked, "From what source does the demand for compulsory health insurance come?" Certainly it does not come from the people who need medical care the most For instance, the two states in which there has been the greatest clamor for compulsory health insurance are California and New York State These two states, for the most part, are better provided with medical facilities, such as medical schools, hospitals, doctors, sanitation, and the ability to pay for this service, than almost any other states in the umon

The demand for compulsory health insurance does not come from some southern states where there truly is a need for better medical facilities and ways of paying for medical care, where transportation is difficult and sanitation poor. Actually, the great demand for Federal medicine and other government medical care plans comes from welfare workers, professional reformers, and certain sections of the labor movement.

About the first two I will make no comment As for labor's demand for health security through a compulsory Federal scheme, I can only point to a speech made by Samuel Gompers, President of the American Federation of Labor, in 1916 He said, and I quote "There are certain species of compulsory social insurance that by their mere statement carry with them the conviction of their self-evident necessity and justice, into which the element of depriving people of rights cannot enter-such as workmen's compensation and oldage pensions But when compulsory health insurance and compulsory unemployment insurance are proposed, the question arises at once, What are the conditions and regulations to be imposed by the government to regulate the conduct of the supposed beneficiaries?"

Calling attention to this same speech, Mr. Gompers, who was, by the way, a very prominent labor leader, continued "Recently a gentleman of the highest standing stated to me that during the time he was in Germany, and in a position to know, German workmen came to him seeking aid to get out of that country to the United States They told him that by reason of the taxes which they were compelled to pay into compulsory social-insurance schemes, they had no money left except for the absolute necessities of life and were unable to secure sufficient funds

to come to the United States even in the steerage. He said to me further that in Germany, where compulsory social insurance has been more extensively worked out than in any other country, the workmen of that country, by reason of their property interests in compulsory social insurance, have been compelled to remain in Germany and work under circumstances, wages, hours, and conditions of employment which forced them to endure conditions below the standards of a living wage" This is certainly a state of serfdom. Let us hope that labor does not unwittingly bring upon itself a similar condition in this country

It has been proved that the highest standards in the lives of the workers have been secured by the development, the organization, and the exercise of the economic power of the workers. Although this economic power is indirect, it is the most potent and the most direct social health insurance of the workers. It is the only agency that can readily guarantee to the workers protection against the results of the eventualities of life and give them a feeling of security.

The organization of labor, which has secured reductions in the hours of their daily toil, secured higher wages and better standards of life, secured safety and sanitation, has done more to eliminate poverty and misery and unemployment and sickness than all other agencies of government and private industry combined. There was more voluntary social insurance among the workers in the Umted States than in any other country in the world. This was in 1916. How much more true that is today when labor wields great power to achieve a better security than any government-controlled scheme will bring

In my lifetime I can remember the days when workers were trying to free themselves from the almost hopeless conditions in the mines when the family of a worker could hardly live from hand to mouth Today labor sits at the peak of its many victories to gain better working and living conditions. Recently we had occasion to note that on Labor Day Mr Truman spoke to the workers, giving labor his assurance that he was their friend, Mr Dewey congratulated labor for its fine record of few strikers, and Mr La Guardia, of New York City, advised the American Federation of Labor and the CIO to get together so that they would have more power Today labor passes not only on bills concerned directly with labor, but those affecting the general welfare of the community, endorsing those which it deems beneficial and disapproving those which it believes pernicious By so doing they have broadened their base of operation and have increased their sphere of influence and added to their power

This is not a criticism of labor and labor organi-

ions I cite this in order to show that pers we, too, can take a lesson from labor ould we not, perhaps, broaden our interest in slation? The State Society does this to some ent through its legislative officers in Albany, no doubt county societies too could take a re ective laterest in all kinds of legislation, not y having to do with medical care, but with the lfare of the community at large

For example, e hill before the national legisure calls for a nummum wage of 46 cents en ar for a forty hour week. This would be a ge of \$16 per week. When the social security ;, income tax, and unemployment tax are subcted, it certainly will not leave a living wage seems plain that a minimum wage must start a living wage and above that the law of supply d demand and the skill of the operator would a basis for bargaining Would it be harmful us as en organization to disapprove a measure the low minimum wage as found in this hill? seems to me that that has e direct relationship the bealth of the people, and it is offered as an istration of how we may widen our sphere and ln influence or power

This is my personal opinion, but it is an exaple of a constructive attitude we should take certain types of legislation. An educated prosuon should belp form policies of government

fecting the welfare of the people

I do not wish to convey the impression that ell bor unions are in favor of compulsory health inrance. Some are absolutely egainst it but are king that due consideration be given to caring r those in the lower meome group, providing em with adequate medical care at a cost that ey can meet I think that this can be fully anrered by the rapid growth and progress which is been made in extending voluntary medical surance throughout the state

This is a matter which was close to the heart of y predecessor, Dr Bauckus, who for many ears worked to bring about prepayment plans hich would make voluntary medical insurance vailable to all who wished it in this state. We ow have four active plans in successful operation New York State. Two more plans are in the rocess of organization. Thus, in a matter of a ow weeks, every county except two will have vailable medical insurance coverage. This has een very encouraging, but it is not enough

I believe that we have now sufficient experience nd that the time is opportune for representatives f the various plans to get together with our Director of Medical Insurance, and with a comnttee chosen for this purpose, to draw up a um orm policy which can be promoted and sold to dividuals as well as groups, throughout the ntire state. This policy should provide medical,

surgical, and obstetric care for in-hospital patients on an indomnity basis However, this does not mean that insurance groups ere to abolish their present plans, they may have whatever additional plans they wish, but one type of polley covering the entire etate is absolutely necessary at the present time. It is my hope that this recommendation will not merely be etudied time has come for action, and I would like to request the House of Delegates to take action on this immediately and to ask that the committee make a report to the Council at the December meeting

It is appropriate at this time that we should give thought to our fellow dectors who have been serving in the armed forces during the war Of less than one hundred and twenty thousand active doctors in the United States, sixty-two thousand volunteered and were inducted into the military forces Ten thousand of these are from the Empire State

Many complaints have come to us during the war years of the surplue of doctors they beve ac cepted for service. We have no criticism with the Army and Navy for demanding more dectors than were required at a time when the danger of some disaster during the invasion might require many more doctors for the adequate care of the casualties However, the war is over Any emergency that occurs now will be found among the civilian population, whose care has been a great strain upon the greatly reduced number of doctors remaining on the bome front either because they were not acceptable to the military forces or because they were essential in their community The mortality and morbidity statistics of civilian population during this period have been very gratifying However, we have fortunately had no epidemio end no virulent scasonal diseases to combat during this time. No one would main tain that the medical supervision and care was on a par with that of the prewar days

Again, the fact is unquestioned that many of our medical men serving for several years in the military forces have been employed in work having no relation whatsoever to the practice of medicine These men have accepted this condition, which has made their sacrifice even greater, for nothing injures the morale of a doctor as much as to be employed in something other than medicine

Their achievements have been very great. They have been reported to have given the best medical survice not only for any army in previous wars, but for any army of this war Now the situation. however, is changed radically The war is over Except for doctors who must maintain military hospitals, care for the wounded, and other doc tors who will be required for the army of occu

pation, there will be few medical officers needed by either the Army or Navy

We are being besieged with letters asking for the release of medical officers who are very anvious to return to civilian life, it is apparent that practically all the doctors desire, now that the war is over, to be released from anything that resembles regimented medicine and returned to the free and independent practice they enjoyed before the war

There are numerous reasons why we should do everything in our power to hasten their release from the military service. For one thing, their rehabilitation will take a long time. The discharged medical officer will have a difficult road to travel for at least five years after being separated from military service. There will be such matters as a mortgage to meet, insurance premiums and income tax to pay, his children will have grown older and more expensive to support, in many cases he will have a new office to locate and equipment to purchase. He must recapture his practice and rehabilitate himself in medicine

Many medical officers have served since the beginning of the struggle in work not too well related to the practice of medicine. They will need refresher courses, and these must be provided for them. The younger men, who went in after only a nine months' internship, will want to complete postgraduate training with internships and residencies. They will need our earnest assistance in securing these positions.

Let it not be said that we have failed the physician or neglected to carry out the promises that were freely given in the early days of the war. We must help him in every way by making educational opportunities available, by using the returning man as an assistant when we need an assistant, by helping him secure office space or sharing our offices with him

Finally, we should recall the ethical conditions that pertain to the situation when absence of a physician sends the patient to another. You will find in Chapter III, Article 4, of the principles of medical ethics of the American Medical Association, in Section 7, "When a physician is requested by a colleague to care for a patient during his temporary absence, or when, because of an emergency he is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy as he would one of his own patients cared for under similar circumstances. The patient should be returned to the care of the attending physician as soon as possible."

Section 8 says, "When a physician is called to a patient of another physician during the enforced absence of that physician, the patient should be relinquished on the return of the latter" —the fair interpretation and observation of these principles will serve us well in this postwar period of confusion and will, I am certain, do a great deal toward lessening the hardship which our discharged medical officers will have to bear. Let me repeat part of my contribution to the Report of the Judicial Council

We are very much impressed by the lack of knowledge of the principle of ethics of the American Medical Association and the rules of conduct of the state association by many members of the profession

We are also mindful of the fact that there is too little instruction or explanation of these principles now given during the students' time in the medical schools. A few schools have a lecture or two on the subject by a member of a local medical society, but even this slight indoctrination into the traditions of our profession is the exception rather than the rule. The importance of this condition is augmented by the fact that between seven thousand and eight thousand graduates have been inducted into the military forces at the end of a nine months' internship immediately following graduation.

These men have had very little, if any, information regarding the principle of ethics or the rules of conduct. In normal times this condition would be corrected by association during their internship with men serving on the visiting staffs of hospitals and by attending meetings of the local society, where the rules of conduct are often discussed and the practical application of the principles of ethics are demonstrated. It is conceivable that the professional success of a young doctor may often be handicapped by the injudicious or unwise violation of these principles, which proves a severe obstacle for him to overcome

Therefore, it would seem wise for the various county societies to inaugurate and encourage a course of instruction on the principles of ethics and rules of conduct for the new member. This, we feel quite certain, is as necessary to the doctor's ultimate and complete attainment of his aims as are any of the other plans for continued post-graduate courses.

I must call your attention to annual attempts which have been made in the State of New York to legislate against animal experimentation Without doubt the so-called antiviviscetionists will introduce another bill in the next legislature.

Up to this time medical organizations and the research institutes concerned with the advancement of science have not thought it necessary to justify their work. However, the reception by the public of lurid accounts of degenerate cruelty to trusting animals is an indication that the pub-

must receive more education in popular form the benefits to man and animals which accrue m the use of dogs and other animals in medical perimentation. Last year the antivivisection was dangerously close to being passed

need not tell this audience how unfair are the sguided attacks of these partisans on this imtant phase of medical science. It is suffinite to say that if a law is ever passed in this te to prohibit animal experimentation, then dical science will be set hack a good fifty years is the plan of the State Society to marshal all ress for education and public opinion in this ite to offset the efforts of antivivisection groups to County has already set up its scientific com-

mittee to do a job of education, and it should be congratulated for this effort

In closing I am sure it is needless for me to suggest to you the thought that no duty could be more apparent than the duty of continuing the business of this session with all the deliberation necessary to anable the House to arrive at sound conclusions and with the appropriate actions. The present, it seems to me, is no time for hesitation and ill-considered action. Let us always keep in mind the obligation assumed on entering the profession to keep always before us the purpose of upholding the dignity and honor of the profession, to exalt its standards and to extend its sphere of usefulness

# Address of the Past President\* HERBERT H BAUCKUS, M.D

SHOULD like to make the observation that the progress of medicine does not carry on ry far in advance of the general education and derstanding. A historic review of the diffilties under which scientific attainment labored id at times almost totally perished, from the ne of Hippocrates, some 400 years BC, until e dawn of the twentieth century, presents a orld tragedy that seems for us now almost imssible to believe. There was medicine before ippocrates, but I mention him because he took ertinent facts and the knowledge gained from tual observation and drew reasonable concluons from them. Ho sat beside the patient, und signs and symptoms, and faithfully and uthfully recorded thom He tool clinical case stories, first employed the bedsido method, and this way established the art and science of dignosis and prognosis

The methods of Hippocrates were in great connat with the usual experience of the medieval enturies in which medicine and scientific progress are so blinded by mystery, magio ritual, and the recopt of uninformed authority that attempts at regress were in vain. New thinking was heresy in other words, there could be little free, honest, and open thinking, and those who essayed to do his vontured all to the hazard of less of their own

It is quite different in the fields of medicine tolay, hut we still have groups who are more intersted in making converts to their dogmas of phipsophy than in actually studying the sick firstland. I am trying to say that if we want to find

\*Delivered at the 139th Annual Meeting of the House of Delegates of the Madical Society of the State of New York Juffalo, October 8, 1945 out about medical care and the needs of our people in this respect we need to regularly go among them and see them sick and well, and discuss the problem of health and life with them. The class doing this these many years, and who have faithfully and regularly recorded their observations in the practice of medicine, are the physicians. We would think that if the State of New York was to carry on any program, especially a new program for medical care, long and careful study should be made by the practicing physicians in the field

I feel the situation keenly now because recently, as a member of a committee representing the Medical Society of the State of New York, I attended a meeting with a small committee selected from the New York State Temporary Commission on Medical Care To my knowledge representatives of the practicing physicians have never met with this entire commission, and this was really the first opportunity that had been presented to our group to thoroughly go into the subject. Why it took some twelve months to arrive at this meeting I do not know, but having come to the point I felt that now we finally would begin a discussion of the fundamentals for constructive advances in medical care I am disappointed to roport that this was not at all the case

At this meeting we were confronted with three proposals or plans, all drawn up in definite dia grams "to form a hasis for discussion" hut all devoted to the revolutionary change of attempting to provide medical and hospital care through compnisory sickness insurance. It would seem as though the long-standing methods of practice that had protected the lives and health of the people of the State of New York in an unrivaled degree had suddenly melted and faded away and

pation, there will be few medical officers needed by either the Army or Navy

We are being besieged with letters asking for the release of medical officers who are very anxious to return to civilian life, it is apparent that practically all the doctors desire, now that the war is over, to be released from anything that resembles regimented medicine and returned to the free and independent practice they enjoyed before the war

There are numerous reasons why we should do everything in our power to hasten their release from the military service. For one thing, their rehabilitation will take a long time. The discharged medical officer will have a difficult road to travel for at least five years after being separated from military service. There will be such matters as a mortgage to meet, insurance premiums and income tax to pay, his children will have grown older and more expensive to support, in many cases he will have a new office to locate and equipment to purchase. He must recapture his practice and rehabilitate himself in medicine

Many medical officers have served since the beginning of the struggle in work not too well related to the practice of medicine. They will need refresher courses, and these must be provided for them. The younger men, who went in after only a nine months' internship, will want to complete postgraduate training with internships and residencies. They will need our earnest assistance in securing these positions.

Let it not be said that we have failed the physician or neglected to carry out the promises that were freely given in the early days of the war. We must help him in every way by making educational opportunities available, by using the returning man as an assistant when we need an assistant, by helping him secure office space or sharing our offices with him

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# Medical Society of the State of New York Minutes of the House of Delegates—October 8-9, 1945

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at once were to be of no moment It seemed strange that they so soon should be replaced by the entrance of a new force for the regimentation of medical and hospital care

And thus at our first consultation we were told. not only in effect but in the actual words of the members of the special committee present, that ves, we are going to have compulsory sickness insurance and you physicians had better have it run by the State than by the Federal government That seemed to be the main point at issue—not a discussion of the needs of our people but an argument cleverly planned and written to give weight to preconceived ideas of compulsory sickness insurance And not only that, but the plan, or something like it, must be produced quickly, and as soon as possible introduced before the legislature of this Empire State! I might add that the three plans as presented offered much less in medical care than do our voluntary medical care plans in existence today. It was stated that they had to be so limited in order to avoid the stupendous and impossible financial cost of the The medical care proposed whole program amounted to medical and surgical care in the hospital only, features which find insurance coverage by the commercial companies of today The proposals would insure all residents regardless of economic status for this in-hospital medical and surgical care but they did not provide home or office treatment for anyone, not even the low pay and medically indigent groups. It seemed to me an inexcusable indifference to the needs of the lesser privileged for the sake of pushing the more easily promoted portion of the compulsory sickness insurance fantasy

Your committee offered numerous criticisms and constructive suggestions. It recommended the study of the recent report by the Committee on Laboratory Service and Medical Care under the chairmanship of Dr. O. W. H. Mitchell and Dr. F. Leslie Sullivan. It pleaded for the life of the

Voluntary Medical and Hospital Care Plans, the life of the voluntary community hospital, the preservation of freedom in medical thinking from bureaucracy and political maneuver. We advanced the cause of preventive medicine and the public health. We recalled that we pay dearly for security, and especially for this bogus security, if we throttle the initiative and ambition to achieve. We deplored the entry of this foreign endorsed speculation into the field of American medicine.

We pointed out that there were many families who had difficulties in the procurement of their medical needs because so many of their doctors were away in foreign military service and this was not a propitious time for radical change. With nearly half of the active practicing physicians of our state participating in the armed forces could we not allow them some time for reflection and thought on the subject, or wait until at least they could set foot on their home soil?

To all of this there were many answering statements, but I sum them up for myself on two main themes (1) it must be compulsory sickness insurance, limited in medical care but embracing all people, and (2) we must hurry up with it right away so we can do it before the Federal government does it

And at this point, my fellow practitioners, I present the well-worn problem to you—the 1945 model—a great bid for the political domination and regimentation of a people that have the best medical care ever in the world

This House of Delegates is a democracy and I doubt not it will take the presentation of many points of view before our deliberations are completed. But once decided, let us remain loyal to our decisions, follow leadership loyally, work hard and earnestly, function efficiently as a united profession. I know you have the intelligence, the independence, the integrity, and the courage to seek without bias after the truth. "And the truth shall keep us free."

## House of Delegates Minutes of the Annual Meeting

### October 8 and 9, 1945

THE 130th Annual Meeting of the House of Delegates of the Medical Society of the State of New York was held at the Hotel Statler, Buffalo, New lork, on Monday, October 8 1945, at 10 15 A.M.
Dr Louis H Bauer, Speaker, Dr William Hall
Vice-Speaker, Dr Walter P Anderton, Secretary,
Dr W Guernsey Frey Jr, Assistant Secretary,

SPEAKER BAUER The House will be in order

#### Section 1

#### Report of Reference Committee on Credentials

SPEAKER BAUER The Chair recognizes the Chairman of the Credentials Committee Dr McCarty Dr. Charles F McCarty, Kings. There are eighty-six delegates and twelve officers registered

SPEAKER BAUER Thank you. I declare the 139th Session of the House of Delegates of the Medical Society of the State of New York open for the transaction of business.

Mr Secretary is there a quorum present? SEGRETARY ANDERTON Yes, there is a quorum

present.

#### Section 2

#### Approval of the Minutes of the 1944 Session

SPEAKER BAUER The first order of business is the

SPEAKER BAURE. The Brit order of Dusiness is the approval of the minutes of the 1944 Session.

SECHETARY ANDERTON Mr Speaker, I move that they be approved and adopted as published in the June 15 and July 1, 1944 issues of the New York STATE JOURNAL OF MEDICINE and that their reading be dispensed with.

Dr. George W ROSMAK I second the motion

There being no discussion, the motion was put to a vote, and was unanimously carried

#### Section 5

#### Reference Committees

SPEAKER BAUER Mr Secretary, will you please read the Reference Committee appointments? Gentlemen, I ask you to pay particular attention to this reading because, due to the short notice at which this meeting was called, a number of the men who originally were appointed were unable to come and there have been a great many last-minute changes. Further there are at least two or three people who do not know they are on committees. Listen carefally

SECRETARY AMPERTON The Reference Com mittees of the 1945 House of Delegates are as follows

REFERENCE COMMITTEE ON OREDENTIALS: Charles F McCarty Charmon Kings County Wendell R Ames Cattaraugus County Roger A. Hamphill, Livingston County Henry S. Martin, Wyoming County Arthur A Fischi, Queens County

REFERENCE COMMITTEE ON REPORT OF PRESIDENT: Eugene H. Coon, Clairmon, Nassau County Benjamin Abramowitz, Sullivan County

Morris Ant Kings County Louis A. Friedman Bronx County J. A. Pritchard, St. Lawrence County

REFERENCE COMMITTEE ON REPORTS OF SECRETARY TREASURER, AND DISTRICT BRANCHES:

Henry W Miller Charman Putnam County Joseph A. Landy Bronx County Robert O Simpson, Montgomer County Frank Tellafson, Richmond County Thurman B. Givan, Kings County

REFERENCE COMMITTEE ON REPORTS OF TRUSTEES:

Edwin A. Griffin, Classwan, Kings County Archibald K. Benedict, Chenango County Victor Rargatrom Brooms County Reginald A. Higgons, Westchaster County Edward C. Veprovsky Queens County

REFERENCE COMMITTEE ON REPORT OF PLAN NING COMMITTEE FOR MEDICAL POLICIES: Peter Di Natale Chairman Genesee County James E. McAskill (Section Deltrate) E. Jaferson Browder Kings County W Walter Breset, Onondaya County Frederick W Williams Bronx Oconty

REFERENCE COMMITTEE ON CONSTITUTION AND BYLAWS AMENDMENTS B Wallace Hamilton, Clairman, New York County living Bends, Kings County William J Tracy, Betseben County Oliford F Leet Chemung County Morris Mailon, Warran County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART I

Postgradust Education
Albert F R. Andresen, Chairstan, Kings County
Vincent Juster Queens County
Kenneth F, Bott, Greens County
Joseph H, Dianoud Richmond County
O Kirby Coller Monroe County

REFERENCE COMMITTEE ON REPORT OF COUNCIL-PART II

Material and Child Welfare
David W. Beard, Chairman, Schoharie County
Raiph L. Barrett, New York County
Hailord Hallock (Section Dalegate)
Joseph A. Gals, Essert County
John B. Wattenberg, Cortland County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART III:

School Health and Industrial Haalth
Dan Mallen, Chairman (District Delegate)
John C Brady, Keis County
Mahlon G, Halleck, Otsego County
Abraham Kondowita, King County
Mindge C. L. McGulnness New York County

REFERENCE COMMITTEE ON REPORT OF COUNCIL-PART IVE

4-H Clubs and Youth Health Activities Blood and Plasma Exchange Bank Cancer Dental Health Dental Health
Hard of Hearing and the Deaf
War Mediclas and Surgery,
War Mediclas and Surgery,
Roy B. Henline, Casirman, New York County
Arthur M. Johnson (Section Delegate)
Jeseph H. Cornell, Schemetady County
Jecob Warna, Queene County
Donald Malyan, Datchess County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART V

Laboratory Service and Medical Care G Scott Towne Chairman, Saratoga County Benjamin M Bernstein, Kings County John B Schamel, Tioga County John D Naples, Eric County Theodore J Curphey, Nassau County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART VI

Rehabilitation
Thomas M D'Angolo, Chairman Queens County
George C Adie, Westchester County
Joseph Tenopyr, Kings County
Bradford F Golly, Onelda County
W J Merle Scott (Section Delegate)

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PARTS VII and VIII

Public Relations and Economics Public Relations and Economics
Voluntary Medical Insurance
Medical Service and Public Relations
Moses H Krakow, Chairman Bronx County
Fenwick Beekman, New York County
John M Galbralth Nassau Countx
Lyman C Lewis Allegany County
Leo E Glhson, Onondaga County

# REFERENCE COMMITTEE ON REPORT OF BOARD OF CENSORS

John J Masterson, Charman Kings County Joseph P Henry, Monroe County Oswald J MoKendree Oneida County Joseph L Hallian, Queens County Herhert E Wells, Eric County

## REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART IX

Legislation
Frederic Holcomb, Chairman, Ulster County
Robert B Archibald, Westchester County
Sylvester C Clemans, Fulton County
Nathan Ratnoff, New York County
Thomas B Wood, Kings County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART $\lambda$

Workmen's Compensation
Leo F Simpson, Chairman, Monroe County
Stanley E Alderson Albany County
John Dingan, Orleans County
Peter Minray, New York County
Joseph C O'Gorman, Eric County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XI

Medical Licensure
Andrew Eggston, Chairman, Westchester County
William A Peart Niagara County
Maurice J Dattelbaum, Kings County
Harold B Davidson, New York County
Ralph Sheldon, Wayne County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XII

Medical Publicity
Nelson W Strohm, Chairman Eric County
William Klein, Bronx County
Ben A. Berkow, Kings County
Bernard S Strait, Yates County
Guy S Philbrick, Niagara County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XIII

Malpractice Defense and Insurance Mapracuse Detense and Insurance
Legal Counsel
William B Rawls, Chairman New York County
Donald D Prentice Alban, County
Stephen H. Curtis (District Delegate)
Donald E Mokenna, Kings County
Emil Koffler, Bronx County

# REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XIV

War Participation War Participation
General Matters
Convention
Nursing
Office Administration and Policies
Reorganization Committee
Woman's Auxiliary
Edward P Flood, Chairman, Bronx County John J Gainey, Kings County Charles A Prudhon, Jefferson County Moses A Stivers, Orange County Donver M Vickers, Washington County

### REFERENCE COMMITTEE ON NEW BUSINESS A

Alfred M Hellman, Chairman, New York County John J Buettner, Onondaga County Rohert Britain Delaware County Leo F Schiff, Clinton County John L Sengatack, Suffolk County

## REFERENCE COMMITTEE ON NEW BUSINESS B

Norman S Moore Chairman, Tompkins County J Lewis Amster, Bronx County Edgar Bieber, Chautauqna County R. P Doody, Rensselaer County Joseph Wrana, Queens County

## REFERENCE COMMITTEE ON NEW BUSINESS C

Stephen R Montelth, Chairman, Rockland County Charles A Anderson, Kings County John T Donovan, Eric County Frank LaGattuta, Bronx County Ezra A. Wolff, Queens County

Mr Speaker, I move that the reports and supplementary reports of Officers, Council, Trustees, Legal Counsel, and District Branches that have been published and distributed to the members of the House be referred to the respective Reference Committees without reading

DR ALFRED M HELLMAN, New York I second

that motion

There being no discussion, the motion was

put to a vote, and was unanimously carried Speaker Bauer The reports are so referred There are three Reference Committee tables in the back of this room, and the rest of them are just outside of the door. There are stenographers available prepared to take your reports All officers and members of Council Committees are asked to hold themselves in readiness to appear before the various Reference Committees at which their particular work is to be considered Four copies are required of all reports and resolutions

(See 66) Section 4

### Supplementary Report of Past-President

SPEAKER BAUER Dr Guess and Dr Gartner, will you form a committee to escort the immediate Past-President of the Society, Dr Bauckus, to the platform?

(The delegates arose and applauded as Drs Harry C Guess and Albert A Gartner, of Eric County, escorted Dr Herbert H Bauckus to the

platform)

SPEAKER BAUER Gentlemen, as you know, this is a deferred meeting. This meeting should have have been held the first of May Normally, Dr. Baueless and the Bauckus would have been President at the time this meeting was held, however, he felt that when the first of May came around, and there was no prospect of our being able to hold a meeting, he should not continue as President, as Dr. Cunniffe had already been elected to take office at that time. Therefore, he resigned, and being the First Vice-President as well as President-Elect, Dr. Cunniffe automatically became President. becamo President, nevertheless, it seems only right that we should hear from Dr Bauckus and lot him add to his report which is in your hands in the Gentlemen, the immediate printed document Past-President of the Medical Society of the State of New York, Dr Herbert H Bauckusl
Past President Bauckus Mr Speaker, ladies

and gentlemon, it is a great honor to have been President of the Medical Society of the State of New York, and I think you very sincerely for it

I also wish to acknowledge the great support I have had 10 this work from my own county society,

the County of Erro.

As you have heard from the Speaker, I have not been President of this Society since the first of Mas I became President following a wonderful man To follow in his footstops was indeed a difficult position in which to be. Dr McGoldrick did a great deal to train me in the work that was to come and in the same way I feel bided very happy that you have now as your President, Dr Cuanlfie. He is a great leader and he deserves your support. Not only that, but the Medical Society of the State of New York deserves your support. This year I feel that is especially necessary.

My work from March, when my report which has been printed and is in your hands was compiled up to the present time takes in a great deal of ground and I should like to have the opportunity of offering some bits of information about what happened during that period Therefore, I take this opportunity of fairly and fully giving you my point of views actually discounted that during this meeting I shall not trouble you

again

It is a great comfort to feel that the Medical Society is in a financial condition to permit our functioning property. That has been due largely to the careful way in which the funds of this Society have been preserved and safeguarded. However, we do have the money to do that which is in our minds as being necessary and that too is a great comfort. The point is to use the money when it is needed and when it shall be effective for good.

During the year we had a special committee appointed under the Committee of Public Health and Education known as the Laboratory Committee or to be more cract, the Committee of Laboratory Service and Medical Care, under the chairmanship of Dr F Leelle Sullivan. That Committee has done a very important piece of business for us, and I hope you will earefully read the report. Even before the report was out, we made great use of it,

as I shall indicate later on.

We had also set up a Medical Practice Committee to more thoroughly study the question of medical practice in New York State. That had to do in part with the difficulties that your officers the Council, and all concerned with the official family had in protecting the health of the citizens of New York State from cultiam. We had, in March and April, considerable activity before the Legislature and before the Governor on the question of liceusang the chiropractors, and as you know there was a large hearing on the subject at Albany. At that time we had the opportunity of presenting our point of view but also the chiropractors had an opportunity to introduce testimony—testimony of people that they claimed benefited under the work of the chiropractor. We spent a great deal of time on this subject, and most of it is covered in the report of the Legislative Committee under the chairmanship of Dr John L. Bauer. That, of course, will come to your attention at the proper time.

I would like to say that I falt that the situation last year was quite difficult and it was partly difficult because of the fact that the legislators made it plain to us that they were in a way very fired of this constant pressure upon them. I believe that is true, and it is no reflection on the part of the legislators that they object to such pressure. However they must expect to put up with things of that nature when they are in public office. It was represented to some of them that we ought to make some

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It has been said that if the bane science law is working, and chiropractors are licensed then you don't have much trouble with regulating them. The main argument that is of any moment at all as I see it, is that we might have some way of better enforcing the Medical Practice Act than we now have. The answers from many states that have this type of legislation and have a barde science law too give us a certain amount of information, but still not sufficient to throw much light on the subject. The facts are that once the chiropractor is licensed they do not have much trouble with him because then the chiropractor is within the iaw, and with the two thousand chiropractors in New York State licensed I take it that we will not have very much concern about it further either

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"Specializing in

Arthritis Nouritis

Rhoumatism

Ear Nove, and Throat Hayfevur, Asthma and Bronchial Disorders Novous Disorders REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART V

Laboratory Service and Medical Care G Scott Towne, Chairman, Saratoga County Benjamin M Bernstein, Kings County John B Schamel, Tioga County John D Naples, Erie County Theodore J Curphey, Nassau County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART VI

Rehabilitation
Thomas M D'Angelo, Chairman Queens County
George C Adie, Westchester County
Joseph Tenopyr Kings County
Bradford F Golly Oncida County
W J Merle Scott (Section Delegate)

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PARTS VII and VIII

Public Relations and Economics
Voluntary Medical Insurance
Medical Service and Public Relations
Moses H Krakow, Chairman Bronx County
Fenwick Beekman New York County
John M Galbraith Nassau County
Lyman C Lewis Allegany County
Leo E Gibson Onondaga County

REFERENCE COMMITTEE ON REPORT OF BOARD OF CENSORS

John J Minsterson Chairman, Kings County Joseph P Henry, Monroe County Oswald J McKendree, Oneida County Joseph L Hallinan, Queens County Herbert E. Wells, Eric County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART IX

Legislation
Frederic Holcomb, Chairman Ulster County
Robert B Archibald, Westchester County
Sylvester C Clemans, Fulton County
Nathan Ratnoff, New York County
Thomas B Wood, Kings County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART X

Workmen's Compensation
Leo F Simpson, Chairman Monroe County
Stanley E Alderson Albany County
John Dugan, Orleans County
Peter Murray, New York County
Joseph C O'Gorman, Eric County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XI

Medical Licensure
Andrew Eggaton, Chairman Westchester County
William A. Peart, Niagara County
Maurice J Dattelbanm, Kings County
Harold B Davidson, New York County
Ralph Sheldon, Wayne County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XII

Medical Publicity
Nelson W Strohm, Chairman Eric County
William Klein Broax County
Ben A, Berkow, Kings County
Bernard S Strait, Yates County
Guy S, Philbrick, Ningara County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART AIII

Malpractice Defense and Insurance Legal Counsel William B Rawls, Chairman New York County Donald D Prentice Alban, County Stephen H Curtis (District Delegate) Donald E McKenna, Kings County Emil Koffler, Bronx County

REFERENCE COMMITTEE ON REPORT OF COUNCIL—PART XIV

War Participation
General Matters
Convention
Nursing
Office Administration and Policies
Reorganization Committee
Woman & Auxiliary
Edward P Flood Chairman, Broux County

John J Gainey, Kings County Charles A Prudhon, Jefferson County Moses A Stivers, Orange County Denver M Vickers, Washington County

REFERENCE COMMITTEE ON NEW BUSINESS A
Alfred M Hellman, Chairman, New York County

Alfred M Hellman, Chairman, New York County John J Bnettner, Onondaga County Robert Brittain, Delaware County Leo F Schiff, Clinton County John L Sengatack, Suffolk County

REFERENCE COMMITTEE ON NEW BUSINESS B

Norman S Moore, Chairman, Tompkins County J Lewis Amster, Bronx County Edgar Bleber, Chautauqua County R. P Doody, Rensselaer County Joseph Wrana, Queens County

REFERENCE COMMITTEE ON NEW BUSINESS C Stephen R Monteith, Chairman, Rockland County Charles A Anderson, Kings County John T Donovan, Erre County Frank LaGattuta, Bronz County Ezra A. Wolfi, Queens County

Mr Speaker, I move that the reports and supplementary reports of Officers, Council, Trustees, Legal Counsel, and District Branches that have been published and distributed to the members of the House be referred to the respective Reference Committees without reading

DR. ALFRED M HELLMAN, New York I second

There being no discussion, the motion was put to a vote, and was unanimously carried SPEAKER BAUER. The reports are so referred

There are three Reference Committee tables in the back of this room, and the rest of them are just outside of tho door. There are stenographers available prepared to take your reports. All officers and members of Council Committees are asked to hold themselves in readiness to appear before the various Reference Committees at which their particular work is to be considered. Four copies are required of all reports and resolutions.

Section 4. (See 66)

Supplementary Report of Past-President

SPEAKER BAUER Dr Guess and Dr Gartner, will you form a committee to escort the immediate Past-President of the Society, Dr Bauckus, to the platform?

(The delegates arose and applauded as Drs Harry C Guess and Albert A Gartner, of Eric County, escorted Dr Herbert H Bauckus to the

platform.)

SPEAKER BAUER Gentlemen, as you know, this is a deferred meeting This meeting should have have been held the first of May Normally, Dr Bauckus would have been President at the time this meeting was held, however, he felt that when the first of May came around, and there was no prospect of our being able to hold a meeting, he should not continue as President, as Dr Cunniffe had already been elected to take office at that time. Therefore, he resigned, and being the First Vice-President as well as President-Elect, Dr Cunniffe automatically became President, nevertheless, it seems only right that we should hear from Dr Bauckus and let him add to his report which is in your hands in the printed document Gentlemen, the immediate Past-President of the Medical Society of the State of New York, Dr. Herbert H Bauckus!

PAST PRESIDENT BAUCKUS Mr Speaker, ladies and gentlemen, it is a great honor to have been President of the Medical Society of the State of New York, and I think you very sincerely for it

I also wish to acknowledge the great support I have had in this work from my own county society,

the County of Eric.

As you have heard from the Speaker, I have not been President of this Society since the first of May I became Prondent following a wonderful man follow in his footsteps was indeed a difficult position In which to be Dr McGoldrick did a great deal to train mo in the work that was to come and in the same way I feel indeed very happy that you have now as your President, Dr Cunnifie Ho is a great leader and he deserves your support. Not only that, but the Medical Society of the State of Now York deserves your support. This year I feel that is especially necessary

My work from March, whon my report which has been printed and is in your hands was compiled, up to the present time takes in a great deal of ground and I should like to have the opportunity of offering some hits of information about what happened dur-ing that period Therefore, I take this opportunity of fairly and fully giving you my point of view so that during this meeting I shall not trouble you

again.

It is a great comfort to feel that the Medical Society is in a financial condition to permit our functioning properly. That has been due largely to the careful way in which the funds of this Society have been preserved and safeguarded. However we do have the money to do that which is in our minds as being necessary, and that too is a great comfort. The point is to use the money when it is needed and when it shall be effective for good.

During the year we had a special committee ap-pointed under the Committee of Public Health and Education known as the Laboratory Committee or to be more exact, the Committee of Laboratory Service and Medical Care under the chairmanship of Dr F Lealie Sullivan That Committee has dom a very important piece of husiness for us, and I hope you will earsfully read the report. Even before the report was out, we made great use of it,

as I shall indicate later on.

We had also set up a Medical Practice Committee to more thoroughly study the question of modical practice in New York State. That had to do in Part with the difficulties that your officers the Coun-cil, and all concerned with the official family had in protecting the health of the citizens of New York State from cultiam. We had, in March and April, considerable activity before the Legislature and before the Governor on the question of licensing the chiropractors, and as you know there was a large hearing on the subject at Albany At that time we had the opportunity of presenting our point of view but also the chiropractors had an opportunity to introduce testimony—testimony of people that they daimed benefited under the work of the chiro-Wo spent a great deal of time on this subject, and most of it is covered in the report of the legislative Committee under the chairmanship of Dr John L. Bauer That of course will come to your attention at the proper time.

I would like to say that I felt that the attraction last year was quite difficult, and it was partly difficult because of the fact that the legislators made it plain to us that they were in a way very tired of this constant pressure upon them. I believe that is true, and it is no reflection on the part of the legislators that they object to such pressure. However lators that they object to such pressure. they must expect to put up with things of that nature when they are in public office. It was represented to some of them that we ought to make some changes constructive changes, that would remove this condition in which each year the Legislators and the Governor were importuned to give license and official recognition to the chiropractic cult, and part of this, I feel came because of the fact that in the last few years many of the legislators have been told that a basic science law would take care of this situation, and that if we had a basic acience law enacted, and it worked properly would not have much trouble.

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"Specializing in

Arthritie Neuritla Rheumatism

Far Nose, and Threat

Havlever, Asthma and Bronehial Disorders Veryous Disorders

Glandular Treatments Reducing By New Balanced Food Method Colon Irrigations (Bowel Treatments) Spine Corrections (Back Injuries) Sacro-Iliac Strains

Complete Physical Therapy and Electronic Department X-Ray Service"

This fellow has (holding up advertisement)

"X-Ray Fluoroscopic Examination

- 18 featuring the following examination DrCareful Case History Chemical Urmalysis Fluoroscopic Study of (Bring Morning Heart, Lungs, Stom-Specimen) ach and Colon Blood Hemaglobin Es-Blood Pressure, Pulse, timation

Temperature Sinuses Transilluminated

Spine, Bone and Joint Studies Head to Foot Physical Examination."

This man here (holding up advertisement) features

"GOOD HEALTH Service Back—Spinal—Colonic Correction"

This advertisement, with the man's picture on the side (holding up advertisement) reads

"X-Ray and Fluoroscopic Examinations

"This office is completely equipped to render a health service embracing all the latest mothods of modern drugless therapy including electrotherapy, colonic irrigation, corrective diet, light treatment, and up-to-date technic for the correction of spinal distortion"

This advertisement (holding up advertisement) says

"Specializing in Back Injuries Arthritis—Rheumatism—Sciatica—Neuritis X-Ray Fluoroscope Electrical Treatments—Intestinal Irrigation"

What are those but the practice of medicine more or less licensed, true, not licensed to practice medicine but licensed to practice this cultism which is, as we know, an attempt to practice uninformed medicine. Therefore, I feel there is not anything in what is proposed that will help the situation except that we all the more try to have our Medical Practice Act enforced It will not be entirely effective People will try self-medication, and they will do a great many things that they want to do, but the Medical Society of the State of New York will not place its stamp upon this departure from good medi-The legislation in the amendments that nearly passed were based upon putting this husiness on a little higher plane, and legislators afterwards said, "If you had had a board composed of more physicians, and with a higher standing, we would have been in favor of passing this bill," and they certainly would have

I want to call your attention to that, and I also want to call your attention to the fact that the Legislature passed an act which would lower the licensing standards in New York State, because it would admit to examination pupils from schools heretofore not allowed, and His Excellency, Governor Dewey,

as you know, vetoed that

We have gone with this so far that it is well known anyone who runs may read, that the enactment of basic science legislation is a compromise to these people who say thay you can't do very much with eliminating the chiropractic cult at the present time. The Medical Society, above all people, cannot afford to make this compromise The minute we do we are going to get into more and more trouble Each year the chiropractors that are licensed in various states go to the Legislature and importune them for a greater measure for broadening the act enabling them to do what they want to do, so I hope you will think of this situation It is a very im-More and more we have beportant one this year come divided in our opposition to chiropractic, don't forget, because we have heen taking up this basic science idea. No one who has only passed that requirement is fit to practice medicine, and if they are not fit to practice medicine we should not condone their doing so This I offer (holding up advertisement above referred to) as a piece of evidence that that would happen.

We have had quite an important year in the development of our voluntary medical care plans, and I think that our new Bureau has done a great deal at least in the education of physicians on this sub-ject. However, we should endeavor to go further Because this is quite new, and because than that we know that the membership did not understand too well—none of us did—we are attempting as much as possible to be guided by the wishes of the House of Delegates, not only their orders, and in general trying to go along with what the practicing physicians of this state want us to do President Cunniffe, I am sure, has in mind that he shall endeavor to make further progress in this direction. How it can best be done, he will tell you in part, and others, I hope, will throw some light on the subject too I feel we have the funds, if necessary, to do something more constructive along this line Certainly, we are expected to do that. We, of course, have had the question of voluntary medical care insurance taken up in various states, and we have discussed the subject some with them, and I should report that this year, representing the Medical Society of the State of New York, I met with the presidents of several state societies at a meeting that was originated and called by the Michigan State Medical Society We also there considered the subject of enhancing our public relations by broadcasting material that had to do with the position of medicine and the public health It is difficult to go into the subject thoroughly, but I hope that some attention will be given to a means of more closely associating ourselves with other states in these endeavors. That, I know, is best done through the American Medical Association, and to that, of course, we are all pledged

There is one item more that I have to report upon I have put this in writing as a conclusion to the report that you have had in printed form

(This portion of the report appears on page 2529 of this issue under heading of "Address of the Past-

President) SPEAKER BAUER Thank you, Dr Bauckus! I hope you will keep a seat on the platform.

The remarks of the immediate Past President are

referred to the Reference Committee on the Report of the President, Dr Coon, Chairman

(See 66-76) Section 5

## Address of President Cunnifie

SPEAKER BAUER The next gentleman I am going to introduce, I am going to repeat a story that he told me about himself Those of you who were at our meeting a year ago last May remember that

when the present President of the Medical Society of the State of Now York was elected he very mod cetly told a story, and said that he was reminded of Winston Churchill who, when he was a boy in school received a prize and very proudly wrote to his mother about it, to which she replied, "Dear Winston, I am glad to hear of your good fortune. I know you don't deserve it, but try to live up to it." Gentlemen, the present President of the Mechenl Society of the State of New York has already lived up to It, and before his term is up we know he is going even far ahead of it.

Dr LaGattuta and Dr Flood will you be a com mittee to escort the President of the Medical Society

of the State of New 1 ork to the rostrum?

(The delegates arose and applauded as Dra. Frank LaGattuta and Edward P Flood of the Brenx, escorted Dr Edward R. Cunnifie to the plationn)

PRESIDENT CONNEFFE Thank youl

SPEAKER BAUER There is one other thing about this President, which I don't believe he has even stopped to realize yot himself, that is so far as I know he is the only President of this State Society who will have presided at two Annual Meetings of this Society He is presiding at this one, and as his term will not expire until next May he will still be presiding at the next Annual Meeting

Gentleman, your President, Dr Cunniffel Parsident Connifre In coming up between those two men I felt guilty After hearing the two previous speakers I feel a great deal like the dog in a There was a story that I heard once upon a time. tramp who was a ventriloquist, and going along one summer morning he felt a little thirsty, so be found a place where they had swinging doors and pushing one aside he walked in, and he was apparently fortunately followed by a little dog. He said to the bartender, "I want a whiskey" Then he asked the dog what he would have and the dog sald that he would have a whiskey too The bartender said, "What is that you said?" The tramp replied, "Ask him," and the dog said, "I es I will have a whiskey too" So the bartender put two whiskeys on the bar, saying "That is a very valuable dog you have there." The tramp said, "Yos, I was offered one hundred dollars for him a few days ogo but I refused it. However, conditions are different now, and I would be glad to sell him for much less." So the bartender said "I will give you \$20 for that dog. He would be a good dog for me to have around here." The tramp said, "Done' and he offered the \$20 for the drinks, but the bartender said, "The drinks are on the trade." After finishing off the two drinks of whiskey the tramp walked to on an ewo drines of winsey the train water to the swinging doors, but just as he put his hand on one the dog said, "Hey wait a minute!" He turned around, and the dog said, "Did you say you were offered \$100 for me a few days ago and now you sold me for \$207. The trainp said "Yes," and the sold mo for SAN' The tramp said "les, and use dog said, "Well I'll be dammed if I ever speak again." (Laughter) That is the way I feel after having to follow Dr Bauckus and Dr Baucr, who are such excellent orators. Dr Bauckus has desired. sembed and reported so wonderfully on his administration, which has overlapped mine, that it is really a repetition to say it in a very different and inferior

(This portion of the address appears on page 2525 of this issue under heading of "Address of the President.)

SPEAKER BAUER Thank you, Dr Cunniffel The remarks of the President will be referred to the Reference Committee on the Report of the President, Dr Coon, Chairman, except that portion which pertains to compulsory sickness insurance, and that will be referred to the Reference Committee on the Report of the Planning Committee, Dr Di Natale, Chairman.

I believe there are no other supplementary reports to be given, Mr Secretary?

SECRETARY ANDERTON No (Picase note that Dr. Werts submitted direct to the Reference Committee on Report of Council-Part VII, Dr Moses H Krakow, Chairman, the following Supplementary Roport on the Medical Care Insurance Bureau, which was not mimeo-graphed and distributed to the delegates so it is being included here, and will change the above to that extent.)

Section 6 (See 51)

Supplementary Report. Medical Care Insurance Bureau

To the House of Delegates—Gentlemen.

I herewith submit a supplementary report as Chairman of the Council Committee on Public Relations and Economics.

#### MEDICAL CARE INSURANCE

The Rechester Plan known as the Genesee Valley Medical Plan, Inc., has now incorporated and has applied to the State Wolfare Department for approval, and plans to be in operation before January 1 1946 At the request of Dr Albert Kaiser Presi dent of the Plan, Mr Farrell, Director of the Medical Care Insurance Bureau, was asked to extend an invi tation to all counties within their operating area to participate in the program at the Seventh District Branch meeting in Chilton Springs on September 27 As a result of his talk at the Clifton Springs meeting, great interest was manifested by all the adjacent county societies in becoming participants in the Plan.

Mr Farrell appeared at the Fifth District Branch meeting in Oneida on September 18, at the Third District Branch meeting on September 20, at the Fourth District Branch on September 21, and at the Sixth District Branch on September 27 these meetings talks were presented and discussions were held on the advantages of medical-care insurance on a voluntary basis and active participation and interest were urged on the part of all members of the medical profession.

On October 1, Mr Farrell appeared before the Warren County Medical Society at their Annual Meeting and discussed the proposed plan which me under consideration in the Albany area, and a motion was adopted to instruct the representatives of Warren County that they would participate in whatever plan was adopted in the Albany District

On October 3 a meeting was held in Albany at the request of Dr Arthur E. Heslin and representatwee of cloven counties in the Albany area were present. A definite program was agreed upon to provide for in-hospital medical-surgical care including obstetnes, to be taken back to the respective

county societies for their consideration

Three meetings have been held with Mrs Schults. Chairman of the Program Committee of the Womnn's Auxiliary, and arrangements are being made to present medical-care insurance before all of their Auxiliary groups. At the present time nine re-quests have been received from different county Woman's Auxiliary groups to have this subject presented to them, at which time many lay people will be invited to learn of the advantages of medicalcare insurance on a voluntary basis. Mrs. Griffin, President of the Woman's Auxiliary, has arranged for Mr. Farrell to address the group in Buffalo at the House of Delegates meeting on Tuesday, October

9, at 8 30 A.M

At the present time there are four approved plans operating in New York State with a membership of over 230,000. When the two plans which are now in the process of formation are in operation, the entire state will be covered with the exception of two counties, Chautauqua and Jefferson, which have individual Blue Cross Plans. However, the Medical Society of Jefferson County has requested Mr Farrell to speak to their group on October 11 regarding the possibility of extending medical-care insurance to their county.

The progress and interest shown in voluntary medical-care insurance during the past year is definite evidence of the need of the support of the entire medical profession to help promote and increase enrollment in these plans. This is particularly true in view of the fact of the appointment by Governor Dewey of a Commission on Medical Care Insurance to study the needs for a medical-care plan to be reported to the Legislature no later than February 15,

1946

### Respectfully submitted,

CARLTON E WERTZ, M.D., Chairman (The following are a number of supplementary reports that have been mineographed and distributed and referred to their respective Reference Committees)

Section 7 (Sec 61)

Supplementary Report of Council—Part I Postgraduate Education

To the House of Delegates—Gentlemen

I herewith submit a supplementary report, as Chairman of the Council Committee on Public Health and Education

#### Postgraduate Education

In May, 1945, letters were sent to all physicians who had arranged for courses of instruction for inclusion in the Course Outline Book requesting them to make any changes in subjects or speakers they desired

To provide additional instruction to be announced in the 1945–46 Course Outline Book, letters requesting the names of additional speakers and subjects were sent to the professors and executive officers of several departments in the nine medical schools in New 1 ork State There was excellent response and the revised Course Outline Book will include many new and timely subjects. Among these are additional series of lectures on dermatology, general medicine, obstetrics, otolaryngology, and surgery

The revised Course Outline Book will be ready for

distribution within a few weeks

On July 10, 1945, the annual Meeting of the Council Committee on Public Health and Education with representatives of the New York State Department of Health was held in New York City Present at this session, in addition to the Committee were the Chairman of the Subcommittees on Child Welfare, 4-H Clubs and Youth Health Activities, and Cancer, the Assistant Commissioner for Medical Administration, the Assistant Commissioner for Local Health Administration, and Directors of various divisions of the New York State Department of Health and officers of the Medical Society of the State of New York The meeting

was held to review the work accomplished by the Committee in the field of postgraduate medical education during the year May 1, 1944 to May 1, 1945, and to discuss future plans. Mimeographed material was distributed at this Meeting showing the number of lectures and the subjects given, the percentage of attendance, the counties in which this instruction was presented, and the amount of instruction provided jointly by the Medical Society of the State of New York and the New York State Department of Health. The participation of the New York State Department of Health is no small factor in the joint postgraduate medical education program offered by the Medical Society of the State of New York, and the Committee expressed to the Department the appreciation of the Society for not only the cooperation of the Department in developing programs but also for the financial assistance received.

In addition to the postgraduate instruction mentioned in the report of the Council Committee on Public Health and Education submitted on March 3, 1945, instruction has been arranged for the follow-

ing county medical societies

County	Instruction	Number of Lectures
Greene	Virus diseases	1
	General medicine	2
Jefferson	General medicine	1 2
Madison	Obstetrics	2
Monroe	General medicine	4
	Tropical diseases	1
	War medicine	1
Nassau	Gynecology	1
	General medicine	1
Oneida	General medicine	1
	War medicine	1
St Lawrence	General medicine	1
	Dermatology	1
Seneca	General medicine	1
Steuben	Peniculin therapy	Ţ
Sullivan	Penicillin therapy	1
Wayne	Sulfonamide therapy	1

## Regional Meetings and Teaching Days

Arrangements have been made by the Committee for the following Regional Meetings and Teaching Days

Days			
			Number
County	Region	Instruction	Lectures
Albany	Albany, Columbia, Delaware, Dutch- ess, Fulton, Greene, Montgomery, Orange, Otsego, Putnam, Rensse- laer, Saratoga, Sche- nectady, Scholnarie, Sullivan, Warren,	*Cancer	4
Broome	and Washington Broome, Chemung, Chenango, Cort- land, Delaware, Otsego, Schuyler, Tioga, and Tomp	*Cancer	4
Chemung	kins	General medican Psychiatry	e 2 1 3
Chemung	Broome, Chemung, Chenango, Cort- land, Delaware, Otsego, Schuyler, Tioga, and Tomp-	*Cancer	3
Dutchess	kins Columbia, Dutchess, Greene, Orange,	Psychotherapy in general medi-	. 3
Monroe	Putnam, and Ulster Cayuga, Livingston, Monroe, Seneca, Steuben, Wayne,	*Cancer	2
3.	and Yates	*Cancer	7 4 L
Nassau Oneida	Not Regional Not Regional	*Cancer	4
Orange	Dutchess, Putnam,	*Cancer	•

Orange, Rockland
end Sollivan
Broome Chemun
Chenange, Cort
land Delaware
Greene Otago
Schoharle, Schuyler Sullivan, Tiogaand Tompkins
Uister
Olombia, Ditchess
Greene, Orange
Putnam Ramselaer, Schoharls,
Sullivan and Uister

 Traveling expenses and honoraria of speakers and printing of programs provided by the New York State Department of Health,

From April 27, 1944 to Soptember 4 1945, the Committee has arranged for postgraduate instruction to be presented in thirty-arx county medical societies with a total of one hundred and ninetyeight loctures. The personnel of the Council Committee on Public

The personnel of the Council Committee on Funite Health and Education is as follows Oliver W H Mitchell, M.D. Chaurnan Syracuse, George Bachr, M.D., New York City, Charles D Post M.D., Syracuse.

Section 8 (See 48)

#### Supplementary Report of Council—Part II Maternal and Child Welfare

Maternal Welfare —At the request of the Director of the E.M.L.C. Bureau of the New York State Department of Health a meeting of the Subcommittee on Maternal Welfare was held in New York City on June 14, 1945. Present at this meeting, in addition to the Subcommittee members, were members of the Subcommittee on Public Health and Education, members of the Subcommittee on Child Welfare, the Assistant Commissioner for Medical Administration and the Director of the E.M.I.C. Bureau of the New York State Department of Health, and officers of the Medical Sciency of the State of New York. This meeting was held to discuss certain problems relative to the designation of specialists for the E.M.I.C. program

A meeting of the Subcommittee on Maternal Welfare was held in New York City on Tuesday September 11, 1945 Present at this meeting, in addition to the Subcommittee members, were members of the Committee on Public Health and Education, immbers of the Subcommittee on Child Welfare the New York State Commissioner of Health, the Director of the E.M.I. C. Bureau of the New York State Department of Health, the Commissioner of Health of the City of New York, and officers of the Medical Society of the State of New York. Certain problems concerning the E.M.I. C. program were discussed at this seeson.

Cussed at this seemon.

Child Welfare — A meeting of the Subcommittee on Child Welfare was beld in New York City on March 7, 1945. Present at this meeting were Members of the Subcommittee on Child Welfare, members of the Council Committee on Public Health and Education, and representatives of the New York State Department of Health and the City of New York Department of Health. This meeting was held to discuss routine matters.

A meeting of the Subcommittee on Child Welfare was held in New York City on April 10 1945, to discuss child behavior problems and juvenile delinquency Procent at this meeting in addition to the Subcommittee members were Members of the Council Committee on Public Health and Education officers of the Medical Society of the State of Yew York Approximatives of the New York State

Departments of Education and Montal Hygune, Beard of Education of the City of New York, Selective Service of New York and Research on Social Devisitions of the Department of Neurology of the College of Physicians and Surgeons of Columbia University. Also discussed at this meeting were reports and recommendations from the Army. These had todo with individuals rejected by the Army, approximately 30 per cent having nervous and mental disorders.

Members of the Subcommittee on Child Welfare have attended meetings held by the Council Committee on Public Health and Education for the discussion of recent developments in the E.M.I.C. Program. For a report of these activities see the report of the Subcommittee on Maternal Welfare.

Section 9 (See 44)

Supplementary Report of the Council, Part III Industrial Health

In April 1945 a letter was received by the Chairman of the Council Committee on Public Health and Education from Dr Carl VI. Poterson, Secretary, Council on Industrial Health, American Medical Association This communication requested the personnel of communication requested the personnel of committees on Industrial health in the county medical societies in New York State. Letters were sent to the secretaries of all county medical societies in New York State requesting this information which, when received, was formarded to Dr Peterson.

The following is a copy of a letter, which was sent to all chairmen of county society committees or subcommittees on industrial health in New York

State by Dr Carl M. Peterson

"June 19, 1945

"Dear Doctor
'I learn from Dr O W H. Mitchell, Chairman
of the Committee on Public Health and Educa
tion, that you have been appointed Chairman of
the Committee oo Industrial Health in the
County Medical Society

"We are pleased indeed to learn of this interest in industrial medical matters in your area and we shall always be glad to be of as much help as possible to you in developing a program. Our general recommendations are contained in the pamplet which I enclose. It is quite possible, of course, that all of these recommendations will not apply to your area. They are suggestions only "We recommend particularly that you establish

contact with the Sudy Committee on Industrial Health of the Medical Society of the State of New York and the Division of Industrial Hygiens of the New York State Department of Labor Dr. Leon H. Griggs Dr. Leonard Green

Chairman
Study Committee on
Industrial Health
Stato Tower Building
Syracuse, New York

burg
Executive Director
Division of Industrial
Hygrene
N Y State Department of Labor

80 Centre Street New York 13, New York York

"They will be able to give you further instructions about setting up an industrial health program in your area.

"Cordially yours, CARL M. PETERSON M ib., Secretary Council Committee on Industrial Health

At the meeting of the Council on June 14, 1945, the Chairman of the Council Committee on Public Health and Education requested that Dr Herbert H Bauckus be reappointed as chairman of the Study Committee on Industrial Health in place of Dr Leon H Griggs, the present chairman, and Dr Griggs to remain on the Study Committee as a member to fill the vacancy created by the sudden death of Dr Robert K Brewer, a member of the Study Committee

Section 10 (See 109)

### Supplementary Report of Council-Part IV Public Health Activities

4-H Clubs and Youth Health Activities — The Chairman of the Subcommittee on 4-H Clubs and Youth Health Activities attended a meeting of the New York State 4-H Health Committees held in Syracuse on March 14, 1945 A very comprehensive report of the health programs was presented The matter of employment of a full-time health educator was one of the important items on the pro-Your Chairman feels that a health educator should be employed who would cooperate with the government health agencies, the Medical Society of the State of New York, and many other organizations and gave his support to such a proposal recommendation was favorably received

Cancer —A meeting of the Subcommittee on Cancer was held on April 11, 1945, in New York City Present at this conference, in addition to the Subcommittee members, were the Chairman of the Council Committee on Public Health and Education, officers of the Medical Society of the State of New York, and the Chairman of the New York State Committee of the American Society for the Control of Cancer The purpose of this meeting was to consider some of the difficulties between the New York State Committee of the American Society for the Control of Cancer and the American Cancer Society

A request was received from the Executivo Director of the American Cancer Society for the names and addresses of county society chairmen of cancer committees. Letters were sent to the secretaries of all the county medical societies requesting this information

Since submitting the annual report, arrangements have been completed for nine Regional Teaching Days on Cancer to be presented in various counties throughout the State, with a total of thirty-three lectures

Hard of Hearing and the Deaf —At the meeting of the Council on May 10, 1945, the Chairman of the Council Committee on Public Health and Education read the following letter of resignation re-ceived from Dr C Stewart Nash, Rochester, Chairman of the Subcommittee on Hard of Hearing and the Deaf

"I am tendering my resignation as Chairman of your Subcommittee on the Hard of Hearing and

"I am reluctant to do this, for, in this Committee, opportunities to serve the Deaf and the Hard of Hearing are great and I have a particular interest in serving the Doaf and the Hard of Hearing In addition, the Department of Health of the State of New York has promised the Committee its complete cooperation and financial support All the Department has asked is that an estimate of the amount of money needed to run the ten or twelve Conservation of Hearing Centers throughout the State for the year 1945 plus the amount of money needed to supply hearing aids to deserving indigents, be submitted to Dr Edward Rogers in time to be included in the Department's 1946 budget

"Frankly, this work needs the services of a fulltime man, but in any case it needs a chairman with more time at his disposal than I am able to

"Please be assured that I shall be glad to assist both you and the new chairman to the best of my ability

C Stewart Nash, M D, Chairman"

The Chairman of the Council Committee on Public Health and Education, after reading the above letter, requested that this vacancy be held open until he had time to investigate just what the Depart-

ment of Health is planning

The Council voted that the request be granted Diseases of the Chest —Following a meeting of the Council Committee on Public Health and Education in New York City on July 11, 1945, with representa-tives of the Division of Tuberculosis of the New York State Department of Health and officers of the Medical Society of the State of New York, the Chairman of the Council Committee on Public Health and Education, in company with representatives of the Division of Tuberculosis of the New York State Department of Health, held conferences with the deans and other representatives of the four upstate medical schools, namely, Albany, Buffalo, Rochester, and Syracuse The Committee agreed to be a ter, and Syracuse cosponsor of a postgraduate program to be largely centered in the four state tuberculosis hospitals. These are Mount Morris Tuberculosis Hospital, Now York State Hospital for Incipient Pulmonary Tuberculosis, Homer Folks Tuberculosis Hospital, and Hermann M Biggs Memorial Hospital proposed to establish from four to six additional residencies at each institution which will provide intensive instruction on diseases of the chest for physi-cians returning from military service. The Medical Society will not be obligated except for an occasional lecture to be given at these institutions as a part of the regional postgraduate program of the Society At the meeting in New York City on July 11, there was general agreement that adjacent medical schools should be invited to participate in the Such a plan would give the physicians program serving in the hospitals an opportunity to have the advantage of facilities and instruction not available in the institutions The representatives of the medical schools were very enthusiastic about the proposal. At the present time, an announcement is being prepared but is not ready for release.

Section 11 (See 80)

## Supplementary Report of the Council-Part V Laboratory Service and Medical Care

Preface of Report of Preliminary Study, First Part This Committee was created by the House of Delegates through the recommendations of the Planning Committee for Mcdical Policies to study the need for centers for diagnostic aid to physicians throughout the State of New York

Meeting of House of Delegates, May 8, 1944

"Regional Centers for Diagnostic Aid-The Committee has made a very comprehensive study of the necessity of the location and the supervision of the centers in rural areas believe they can be created and operated in care fully selected areas with no damage to free and unfettered practice of medicine. Since no specific recommendations are made at this time. we will not go into dotails of their report. They do, however, recommend that a special committee or subcommittee be appointed by the President to make a survey of New York Stata to determine the need for such a program and the areas to be cared for The suggested methods of operation, are of course, tentative, and if the survey indi-cates the desirability of establishing such diag-nostic centers then the details of management would have to be worked out carefully Reference Committee recommonds the appointment of such a committee by the President.

It is a Subcommittee of the Council Committee

on Public Health and Education

The assignment of the study by your Chairman has been made by districts and the Committeemen 878

Third District Fourth District Fifth District Sixth District Boyenth District Eighth Dustrict Chairman

First District

Dr A. A. Eggston Dr S R. Monteith Dr S L Smith Dr Kenneth Bott Dr Dan Mellen

Dr George A. Marsden Dr I N Peterson Dr Walter Thomas Dr Peter DiNatale Dr F Leelie Sullivan

These men have been engaged in a complete sur vey of each town, village, and city in each county of their district, and have carefully recorded these facts.

1 Mapping the areas with town and county

lines 2. Denoting the nearest exact figure of population in towns and villages of 3 000 or over, in cities and counties

Locating on these maps and in narration that number of effective and meffective physicians and the ratio relative to specialists and general practi-

tioners

4. Locating all legally incorporated hospitals with specification as to type of hospitalization, proportionate number of beds and remarks as to type of service, and as to whother it has sufficient service capacity for the community served. Notation of x ray motabolic, electrocardiagraphic and labora tory service, and blood bank facilities.

5 The location of all laboratories

The location of all laboratories assisting in diagnosis of any type. Specification as to type approved or unapproved whether they are associated with or independent of a hospital and the variety and scope of work ilone, that is bacteriology serology pathology tissue section, hematology milk and water examination, and so forth

It has been charged from time to time as stated at the November 9 1911 meeting of the Council, that soveral areas, particularly in the northern part of the State, are not amply covered by doctors or that the facilities for doctors to practice are not modern, thus the creation of this Committee to clarify to what extent diagnostic aid is lacking and where. We will have at hand when the fundamentals are known information and material so that discussion may be instituted relative to medical care in any region of New York State with the ex-ception of the City of New York and Long Island

It was the understanding of the Committee as moved by Dr Louis H Bauer that this was a preliminary study and later if the need arose a special committee or field worker might be bired to intomaly the survey The primary purpose is to study the need for increased facilities for diagnostic aid in rural areas, and if such aid is found to be necessary to determine where these Diagnostic Aid Centers

should be located

The Committee has met regularly since its inception, the first meeting being held on December 9, 1944, and monthly to date. We have consulted with the New York State Department of Health, Division of Laboratories, Procurement and Assignment Service, the Health Preparedness Commission, as well as the Planning Committee and the Committee on Public Health and Education of the Medical Society of the State of New York

It is not the duty or interest of this Committee to theorize on the socialistic trends in medical care, nor is it its duty to suggest plans of any type for the alteration of discovered difficulties or ills. These remedies for poor quality care, lack of facilities or personnel will be studied and suggested by the Planning Committee of the Medical Society of the State of Naw York, under the chairmanship of Dr

John Stanley Kenney

This Committee might state, however, that if so desired, an experimental clinic for diagnostic aid onested at experiments that for algebraic might be set up in the counties of Schuylor Chenango and Tioga, or one station might be set up in the Fourth District to take care of the north and northeastern part of Delaware County the southeastern part of Schoharie County and the southeastern part of Schoharie County

Wo are grateful for the assistance of the following people, who so kindly gave of their time and advice Dr Gilbert Dalldorf, Director of Divisional Laboratories New York State Department of Health, Dr Edward S Rogers, Assistant Commissional Commissiona sioner (Medical Administration) New York State Department of Health Dr Ruth Gibert, Director of Diagnostic Laboratories, New York State Department of Health, Dr O W H Mitchell, Chairpartment of Health, Dr U W II Augenen, Junaturan, Committee on Public Health and Education, Medical Society of the State of New York, Dr Charles Post, Dr George Bachr Dr Morras Maslon Dr R. L. Jeager, Dr Loo Simpson, Dr Thomas Goodfellow Assemblyman Loe B Masion Dr Thomas Goodfellow, Assemblyman Lee B Mailler, Chairman, New York State Health Proparodness Commission William Burna, Capt., (USNR) and Dr Joo R. Clemmons New York State Procurement and Assignment Service for State Procurement and Assignment Service for Physicians, Dr Basil MacLean Chairman, Now York State Temporary Commission for Medical Care, Dr Morton Levin Assistant Director, Division of Cancer Courton New York State Department of Health, Dr F E. Coughin, Datrict State Health Officer, Dr V A. VanVolkenhurgh, Assistant Campuscing Local Health Administrations (Local Health Assistant Campuscing Local Health Assistant Local H Assistant Commissioner (Local Health Administratson) New York State Department of Health.

The composite report will be filed with the Secre-

F LEBLIE SULLIVAN M D Chairman Subcommittee on Laboratory Service and Medical Care Medical Society of the State of Non York

July 18, 1945

Moetings of the Subcommittee on Laboratory Service and Medical Care were held on March 7,

April 11 and May 9 1945

At the request of the State of New York Commisson on Medical Care a meeting of the Subcommit too on Laboratory Service and Medical Care was held in New York City on June 14, 1945 The Com mission was interested in the survey which the Subcommittee is making of the need for a program relating to regional centers for diagnostic and

Commentary, Second Part-District One

The First District consists of the counties of Westchester, Putnam, Rockland, Orange, and Dutchess Westchester County (Surveyed by Dr A. A. Eggston)

It was found that Westchester County is adequately supplied by hospital, x-ray, and laboratory facilities. There are sixteen general hospitals with efficient laboratory, electrocardiographic, and metabolic services which serve the acutely ill. Several blood banks supply the area and seem adequate However, a supply with a little more dispatch might be useful in the northern part of the County

In addition, the State has county laboratory facilities at Grasslands Hospital, with branch laboratories in Peekskill and Mt Vernon It will readily be seen, therefore, that the County of Westchester is more than amply supplied with laboratory facilities, while in contrast, some of the counties nearby appear deficient. An interesting thing about Westchester County is that the population has decreased by 50,000 from 1940 to 1943. The 1943 census gave a total of 523,000 population.

The hospital bed ratio is 1 to 183 population, and

the physician-patient ratio is 1 to 920

Putnam County (Surveyed by Dr A. A. Eggston)

The survey of Putnam County shows the need of a good, centrally located general hospital offering all laboratory facilities including a blood bank. At the present time, the patients of this county have to travel for miles to get proper laboratory facilities either at Bedford, Danbury, Connecticut, Peekskill, or Poughleepsie

At Cold Springs, situated at one end of the County, there is one small forty-bed hospital, and at Lake Mahopac, a fifteen-bed maternity hospital, which does some medicine and some minor surgery

The population of the County varies from 15,000 to 25,000, and there are only eleven active doctors,

most of whom are past 50 years of age

It would seem that a good general hospital would add greatly to the medical care and be of tremendous aid to the local doctors, in addition to attracting younger men to this locality. At the present time, of course, many Putnam County patients go to West-chester County for use of the facilities in that county

county
Dr Dalldorf thinks that Westchester County
could serve such a small county, while to Dr Eggston, it seems that a county so situated, and of such a
population, is justified in having a general hospital

in the county itself

When the population is at its height, the ratio of physician to patient is 1 to 2,277, and 1 to 1,363 at

the lowest

There is no county laboratory service, no x-ray facilities, except for some work that is done by the

private practitioners

At our subcommittee meeting of April 11, Dr Baehr commented that the report from Westchester and Putnam Counties sounded like an ideal report He stated that relative to Putnam County, there will soon be a State agency looking into the matter of where new hospitals should be located, new laboratories, etc. In this, the work of the Committee, as it progresses, is going to play a great part. Each man responsible for one or more counties will be beginning to keep his eve on parts of the county in which the facilities are to be located, and finding out, at the same time, what the need of the county is Rockland County (Surveyed by Dr Stephen R. Monteith)

Here we find a compact county with an average population of 71,532, with a physician-to-patient ratio of 1 to 1,574. The county is so small that it is accessible at all points, therefore it can be said that there is no part of the county uncovered by good medical care. In peacetime there is one doctor to 938 people.

There are two general hospitals maintained in the county—one in Suffern and one in Nyack. It has recently been proposed by the Rockland County Medical Society to erect a county hospital to care for chronic diseases, thus relieving the congestion in these

two small hospitals

It appears that facilities such as these are definitely needed. Along with the proposed hospital, the establishment of a county laboratory would appear advisable. There is but one recognized laboratory in the county, which is maintained by the Good Samaritan Hospital in Suffern. There are no pathologists resident in Rockland County, and the laboratories maintained by the other hospitals, both State and general, located in the county are not up to State-approved standards.

Although all hospitals are equipped to do transfusions, there is no blood bank in the county—Both hospitals maintain x-ray and cardiographic depart-

ments

At West Haverstraw, the New York State Reconstruction Home laboratory is equipped—including facilities for basal metabolic rate determinations and electrocardiograms. However, due to the shortage of trained assistants the laboratory cannot function

It would seem, in view of the fact that many residents of Rockland County go to New York City and to hospitals in northern New Jersey, particularly to Jersey City Medical Center, Hackensack Hospital, and hospitals in Paterson, that Rockland County is amply covered

Dr D E Overton, Assistant District Health Officer, in his letter of May 3, states that the five townships of Rockland County cover an area of 20 by 25 by 16 miles, with a population, as stated heretofore, of 71,532, and a ratio of physician to patient of 1 to 1,574. In some of the individual townships, such as Orangctown, the ratio is 1 to 2,273, and Stony Point 1 to 2,130, which seems comparatively high if taken by townships. However, due to the compactness of the county, the population is well taken care of Also, it has been learned that on return from military service many of the men plan to locate in the county.

Orange County (Surveyed by Dr S R. Montesth)

There are 101 active physicians in Orange County serving an estimated population of 135,536, giving a ratio of 1 to 1,342. Taking into consideration the fact that there are several areas that are rural, and that the various men, although located in one place, cover other areas, the county is adequately covered, and there is no dearth of physicians

Hospital facilities in the county are, on the whole, adequate and well distributed—six general, one

mental, (?) one sanatorium

Although State-approved laboratories are maintained in the hospitals at Cornwall, Middletown, and Newburgh, with unapproved laboratories in Goshen, Newburgh, Port Jervis, and Otisville, there is no county laboratory service. These unapproved laboratories appear to do work adequate to the demand upon them There is no blood bank X-ray departments are operated and electrocardiograms done

Dr Waterhury, Secretary of the Orange County Medical Society, feels that a tuberculosis hospital Is needed in this county

Dutchess County (Surveyed by Dr Scott Lord 8mith)

Dutchess County is satisfactorily covered for medical care as far as number and distribution of doctors go However, on the eastern end of the county, the loss of any one man would leave the district uncovered and impossible to take care of from the surrounding areas.

Laboratory facilities are available and adequate. A county laboratory would better coordinate the public-health work and the Health Officer's activi-

Relations between the medical profession and the welfare boards—both city and county—are most harmonious, and are functioning under an agreement made eleven years ago and still in force

In Dutchess County as elsewhere, the medically indigent are taken care of nt the expense of unpaid hospital or doctors' bilis and occasional insufficient

care given

The population of the county is 120 524 giving n physician-to-patient ratio of 1 to 1 370. In all, there are thirteen hospitals and infirmances three hospitals operate State-approved laboratories eight maintain unapproved laboratories, one of which is connected with n private hospital. Seven are equipped to do basal motabolie rate determinations and electrocardiographic work, four additional hospitals are supported to the control of the pitals do only basal metabolic rate determinations ten maintain x-ray departments.

It has been recommended by the State that n county wide inboratory service, inclusive of the City of Poughkeepsie be established.

Albany County (Surveyed by Dr Kenneth Bott)

The population of Albany County is 221 315: with a physician-patient ratio of 1 to 687 present time this county does not have sufficient physicians. However, in peacetime the county is well covered

Due to the fact that the New York State Labora tory, Albany Hospital Laboratory and Bender Laboratory are all situated in the City of Albany, the city is well cared for as for laboratory facilities

This does not hold good, however for the rest of the county where the nonpaying patient has no access to laboratory work. It has been suggested that no county laboratory service be established by contract with either the Albany Hospital Laboratory or the Bender Hygienic Laboratory
Dr H L Nelms, Secretary of the Albany County

Medical Society, feels that it present the hospital bed capacity is insufficient, due to wirtime condi-tions. Otherwise the county is extremely well cared tions.

Columbia County (Surveyed by Dr Kenneth Bott)

With n population of 41 464, this county has n physician-patient ratio of 1 to 1,728. There is one 100-bed hospital. Laboratory service is connected with the Hudson City Hospital, but there is no service available for the nonhospitalized patient. There is no blood bank

The City Hospital is Inadequate at present and many of the inhabitants must go to Albany or Pittsfield Massachusetts for treatment. It is the opinion of the writer that the county is not suf ficiently covered by medical and laboratory care at the present time.

Many of the county's doctors are now in the

armed forces and no doubt, when discharged will resumo practico here.

It is surprising to note that Inasmuch as a County Health Unit has been established there has been no mention of county laboratory facilities.

Greene County (Surveyed by Dr Kenneth Bott) The population of Greene County is 27,926 and

has n physician patient ratio of 1 to 1,330

With one 60-bod hospital, hospital inculties are inadequate at present, as this hospital draws from Schoharic and part of Albany County There is no blood bank. There is no county laboratory service available for the nonhospitalized patient.

Rensselaer County (Surveyed by Dr Kenneth

This county has a population of 121,834 and n physician patient ratio of 1 to 952 three general hospitaal

This county seems to be ndequately covered by medical care nithough there is no county laboratory

service available.

Schoharle County (Surveyed by Dr Kenneth Bott)

Thus is a sparsely populated county of 20,812 inhabitants with a physician-patient ratio of 1 to 1,487. However, this figure does not give an accurate idea of the medical situation there. The county is absolutely devoid of diagnostic ald, either x ray cardiography, metabolic rate determinations, or laboratory facultics. There is one 7-bod hospital at Cobleskill and n private 8-bed hospital at Jeffer BOL

Dr L. Becker, Chairman of the Public Health Committee of the County Medical Society feels that the county is inndequately covered and that they are in need of n hospital, but further states that they are not equipped with the type or number of men nt this time to man such n hospital. Seven of the fifteen physicians in the county are over 65 years of ngo and there are six young physicians in the service. Due to the proximity of Albany and Schenectady, n fair type of medical care is main

Sullivan County (Surveyed by Dr Kenneth Bott)

With a population of 37 901 and n physician patient ratio of 1 to 883 and two general unapproved hospitals, this county is well covered. It is also near Port Jervis, where x ray and inhoratory facilities are available. However, there is no county inhoratory service for Sullivan County

Ulster County (Surveyed by Dr Kenneth Bott)

In this county of 87 017 people the physician patient ratio is 1 to 1,280. This figure is deceiving, as practically all of the doctors are concentrated in the villages and city, while the outlying districts are poorly covered

There is county inboratory service nyallable.

Fourth District

Clinton County (Surveyed by Dr Dan Mellen)

With n population of 54,008, the physicisn-patient ratio is I to I 687. There are two general hospitals and one county hospital with an ugregate number of 240 beds. County laboratory service is nvallable except in the field of tissue pathology. The two upproved laboratories are associated with the hospitals at Plattsburgh.

Essex County (Surveyed by Dr Dan Mellan)

This is n relatively small, mountainous county with n population of 34,178 and n physician to-patient ratio of 1 to 899 There are two general hospitals

with a total of 65 beds

There is no county laboratory service available and it would probably be more prudent to contract for service with the neighboring laboratories

General conditions are good in this county

(Surveyed by Dr Dan Mellen) Franklin County

Three general liospitals and thirty-nine physicians care for a population of 44,286, with a physician-to-patient ratio of 1 to 1,136. There are three approved laboratories doing blood chemistry and research

No county laboratory service is available, and recommendations are noted in the Summary of

Deficiencies

Fulton County (Surveyed by Dr Dan Mellen)

With a population of 48,597, the physician-patient ratio of Fulton County is 1 to 1,279 The only general hospital is located in Gloversville, with a capacity of 125 beds The hospital has complete facilities and there is an approved county laboratory connected with it

At present, the conditions are inadequate and it is felt that almost a double number of beds could be

utilized

Montgomery County (Surveyed by Dr Dan Mellen)

With a population of 59,142, the physician-patient ratio is 1 to 1,515 There are two general hospitals in the City of Amsterdam, with a total capacity of 260 beds. This county also has an approved laboratory service with laboratories in each of the bospitals, and a branch in Canajoharie It is felt that at present there is a dearth of physicians, also that a few more hospital beds could be used to good advantage

Hamilton County (Surveyed by Dr Dan Mellen)

This county covers perhaps the greatest number of square miles, 2,250, but has a population of only 4,188 There are six effective physicians, giving a 4,188 There are six energing physician-patient ratio of 1 to 698 There is no hospital, no county medical society, and masmuch as this county is so sparsely populated, there is no hospital behavior service available. Two of the townships are considering a contract for such service with the Fulton County Laboratory, in Gloversville. Such action seems advisable and should be taken

Saratoga County (Surveyed by Dr Dan Mellen)

The county has an actual population of 65,606 Due to its spas and the fact that its summer population increases greatly, it is somewhat difficult to estimate the medical-care statistics for the year round The physician-to-patient ratio for the actual population is 1 to 1,5257, which in itself is low There are two cities in this county, Saratoga Spa and Mechanicville Mechanicville, with a population of over 9,000, has no hospital, and this has been taken up further in our Summary of Deficiencies At this time we wish to call your attention to the report of this county as submitted by Dr Thomas Goodfellon, who so generously gave of his time and advice. His letter of statistics may be found in the Book No 2 of County Reports

Schenectady County (Surveyed by Dr Dan Mellen) A county laboratory service is available for the County of Schenectady There is but one general hospital for the county, which has a population of 122,494 and a physician-to-patient ratio of 1 to

1,065

St Lawrence County (Surveyed by Dr Dan Mellen) With a population of 91,098 and a physician-patient ratio of 1 to 1,345, this county supports five general hospitals In general, medical care seems adequate Hospital facilities seem well distributed. except in the southern and southeastern part of the All but Canton have county laboratory county Bervice

Improvement could be made at Massena, where hospital facilities could be increased, the present building is government-constructed, single-story, and barracks-type, so arranged as not to permit much flexibility in operation, and lacking private rooms (Lanham Act) This building should be replaced by one of permanent structure with an increase of bcds There are no doctors in the towns of Lawrence

Warren County (Surveyed by Dr Dan Mellen)

This county has a population of 36,035 and a physician-patient ratio of 1 to 1,135. There is one general hospital with 124 beds in the city of Glens Falls There is a need for more hospital beds, but the problem of staffing is unsolved This county is supplied with county laboratory service

Washington County (Surveyed by Dr Dan Mellen) The physician-patient ratio in this county is 1 to 1,731, the population being 46,726. There are two general hospitals which are private hospitals, with a total of 126 beds County laboratory service is available in the northern part of the county through contract with Warren County Washington County has contracted with the Mary McClellan Hospital in Cambridge for laboratory service for the southern part of the county, but this is not an approved labo-County laboratory service for the entire ratory county is recommended.

Fifth District—Surveyed by Dr George Marsden

Herkimer County

The population is 60,963 and the physician-patient ratio is 1 to 2,258. The county supports three general hospitals. While all of the hospitals have laboratories, there is but one approved laboratory, which is located in Ilion. There is no county labora-

While the ratio is high as far as doctors are concerned, it is stated that there is adequate medical

care for this county

Jefferson County With a population of \$2,280 the physician-patient ratio is 1 to 1,513 There are two general hospitals with a total of 353 beds They are both located in Watertown Although both of these hospitals have state-approved laboratories, there is no county laboratory service available for this county There is no blood bank. And it is felt that there is not adequate medical care for this county

The population for this county is 22,815, with a physician-to-patient ratio of 1 to 1,755 There is Approved county one general hospital of 57 beds laboratory services are available

Dr Phelps, whose letter is incorporated in the county detailed report, states that ten additional beds are needed in the hospital and that there is one area uncovered since the doctor has been taken into the army

Madison County

Two general hospitals with a capacity of 101 beds care for a population of 39,598
There is a physicianpatient ratio of 1 to 1,209
There is no county laboratory service available

Oneida County

The population is 215,210, and the county has a physician-patient ratio of 1 to 1,328 This county has a number of mental hospitals and the medicalcare problem as for physicians is adequately covered. However, there are no county laboratory facilities.

Onondaga County

This county is well cared for, with a physician-patient ratio of 1 to 732 in the city of Syracuse, and 1 to 1,884 for the whole county

There are six general hospitals and five special hospitals with a bed capacity of 1,742 and 301 bassinets. County laboratories are available.

Oswego County

This county has a population of 61,236 and a physician-patient ratio of 1 to 1,611 There are two general hospitals and one tuberculoais hospital All three have x-ray and laboratory facilities. Only one of the laboratories is approved, however

It would be feasible to establish a county labora tory system in this county with a hranch laboratory at some point, as Oswego City Hospital is too small for the load.

Physicians should be established in the outlying

districts.

Sixth District—Surveyed by Dr I. N Peterson

Broome County

Medical care for this county seems madequate, and it is not without strain on the existing facilities that good care is provided. Three general hospitals are planning postwar expansion.

With a population of 165,749, the ratio of physician to patient is 1 to 1,246. There are five general hospitals, one of which is open only to the employees

of a local industry
While county laboratory service is available in
Binghamton, Endicett, and Johnson City, there has been no such service established for the county as a whole.

Cheming County

With a total of forty-eight physicians and a population of 73,718, the physician patient ratio is 1 to 1,375 With adequate hospital and laboratory facilities, this county recoves nearly normal medical recentles, this county receives nearly normal medica-care. Difficulties have arised during these war years due to personnel shortages. The chief shortage was the lack of a competent ishoratory director. This has been remedied lately, and a resident pathologist-bacteriologist is now in charge.

Chenango County

With a total of twenty-one physicians and a population of 30,454, a physician patient ratio of 1 to 1,000 medical care is markedly reduced. Hospitals at Norwich and Bainbridge are the only two in the county There is no county laboratory service shall. Further deficiencies are discussed in the Sum-

Cortland County

Hospital and laboratory facilities seem to be ede-quate in this county, although they are stretched rather thinly over the rural districts. The population of the county is 33 668, and the physicianpatient ratio is 1 to 1,800

It would seem wise to establish branch laboratories in a central point, such as Otselle or South Otselle, under the direction of the director of the Cortland County Laboratory

Delaware County

The population of the county is 40,989 and the physician patient ratio is 1 to 2,000. The situation as disclosed by this survey indicates the necessity for the development of a county system of hospital and laboratory service with adequate facilities for medical and hospital care and for clinical and laboratory investigation.

Considering the location of the two existing satisfactory hospitals and the varying degrees of population, it appears to Dr Peterson that the logical cito of development would be at Walton.

Schuyler County

Although this is a small county, it would seem that there is an inadequacy of modical care. There are only sowen effective physicians in the county to care for a population of 12,979 people

There is no blood bank and no county laboratory service available. There is one small general hos-

pltal with 36 beds.

Tioga County

The physician-to-patient ratio for this county is 1 to 1,450, with fifteen effective doctors and 27,072 population. There is one general hospital of 67 beds. The county has the equipment for a hlood bank but as yot has been unable to find the help to main-

tain the service. At present there is no county laboratory service.

Tompkins County

The population of 42 840 mostly centered about the city of Ithaca, and seventy five physicians, give a physician-patient ratio of 1 to 1,283 Medical care in this county has been maintained at a high level. There is complete laboratory service.

Seventh District—Surveyed by Dr Walter Thomas

Cayuga County
The ratio of physicians to population is 1 to 1,985
The prewar ratio was 1 to 701. There are ample

hospital facilities, one bed to each 251 persons. Until recently, the county laboratory was complete and fully approved, but since the resignation of the

director, approval was withdrawn.

Livingston County

Only one incorporated hespital in the county allows one bod to 1 070 persons, which according to the anthonties is adequate. The physician patient ratio is 1 to 1,165 There is one approved laboratory which supplies county service.

Mouroe County

The physician to-patient ratio in the county is to 1,090. There are nine general hospitals with a total of 2 318 beds, a ratio of 1 to 189 population.

In addition, there is a county tuberculous hospital, a county hospital for the aged, and a mental hospital for the county Ample laboratory facilities are available through eight approved laboratories.

Ontario County

The physician-to-patient ratio is 1 to 1,382, and there are ample hospital facilities. County labora-tory service is available.

Seneca County

This county has a physician-patient ratio of 1 to In a county has a physician-patient ratio of 1 to 1818, which is less by 41 per cent than the prewar figure of 1 to 1,230. There are two general hospitals with one bod to each 467 people. There are no approved laboratories, but there is one laboratory at Geneva, a few miles away.

According to the letter of Dr. Prederick Lester, which is incorporated when the prediction of the product of the prediction of

which is incorporated under the individual county detailed report, there are insufficient hospital beds and it is recommended that there be a new hospital at Seneca Falls.

Steuben County

The physician-patient ratio in this county is 1 to 1,685 pepulation, the hospital-bed ratio is I to 200. There are adequate laboratory facilities, three approved and two unapproved laboratories.

Wayne County

The physician-patient ratio is 1 to 1,551 at the present time as compared with 1 to 1,076 before the war, or an increased load of about 44 per cent. There is only one incorporated hospital of 26 beds, but there are three other hospitals with a total of 77 beds, in which the work is comparable with that of the first. There is a complete, approved (except for Wassermann tests) laboratory connected with the State School at Newark, which services the county under contract.

The comment by Dr Hobbie, Secretary of the Wayne County Medical Society, is incorporated

with the county reports

Yates County

This is the smallest county of the district. It has a population of 16,381 and a physician-to-patient ratio of 1 to 1,365. The hospital at Penn Yan of 50 beds gives a ratio of 1 to 327 population. An approved county laboratory is operated under the directorship of the Ontario County Laboratory.

Dr R. F Lewis, Secretary of the County Medical Society, states that general conditions are satisfac-

wij

Eighth District—Surveyed by Dr Peter J Di Natale

Allegany County

There is adequate medical care, with a physicianto-patient ratio of 1 to 1,417 Several towns in the north-central and east-central parts of the county have no physicians, but it is understood that surrounding medical facilities are available

It would seem feasible to increase the hospital facilities and it is believed that such a plan is under

way

Cattaraugus County

The physician-patient ratio is 1 to 1,513 Of the forty-eight effective physicians in the county thirty-three are centered in three communities

All types of diagnostic and are available to the county However, there is no blood bank in any of

the four general hospitals

Chautauqua County
The ratio of physician to patient is 1 to 1,500, there are four general hospitals and one tuberculosis hospital. There are three approved laboratories There is no blood bank.

It is felt that the county is on minimal medical care due to the fact that so many of the physicians

are in the services

Ene County

With its population of 798,377, the city of Buffalo has a ratio of 1 physician to each 1,297 population, while the remainder of the county has 1 to 1,719 Adequate laboratory service is available. There are eleven general hospitals which do all types of diagnostic work.

Genesee County

A county of 43,875 population has a physicianto-patient ratio of 1 to 1,435. There are two general hospitals with a total bed capacity of 137. Both of these hospitals are raising funds for additional building when the time permits.

Approved laboratory service is available, but

there is no blood bank

Niagara County

With a population of 160,110 the physicianpatient ratio is 1 to 1,442. There are four general hospitals with a bed capacity of 550. There are two approved laboratories. However, there are no county laboratory faculties. The City of Niagara Falls maintains a city laboratory under State aid. There are four unapproved laboratories in the county

Orleans County

This county is adequately covered by physicians. Apparently there are no general hospitals in this county. There are no laboratories. The county has considered contracting with Genesee County, but the director could not employ assistants to take care of the additional load.

Wyoming County

This county seems to have only minimum medical care. There is one general hospital, which, according to Dr. Humphrey, is about 33 per cent overcrowded. Laboratory facilities are excellent.

F L SULLIVAN, M.D.

Summary of Deficiencies

Third Part

### First District

Westchester County —This county may increase the efficiency for the blood-bank supply for the northern part of the county

Putnam County—There are some conflicting opinions about the needs of this county—Our survey shows need of centrally located hospital. There are no laboratory or x-ray facilities—There is one hospital of 40 beds located at Cold Springs, in the western part of the county near the Hudson River

Dutchess County —Dr Scott Lord Smith states, "A county laboratory would better coordinate the public-health work and health activities"

Rockland County —There is no county laboratory service. We recommend the erection of a hospital for chronic diseases. There is no blood bank maintained, although apparatus is available.

Orange County—There is no county laboratory service, although there are three state-approved laboratories in the county—Cornwall, Middletown, Newburgh Dr E C Waterbury, Secretary of the Orange County Medical Society, states that a tuberculosis hospital is needed in the county There is no blood bank in the county

### Third District

Albany County —This county includes three cities, Albany, Cohoes, and Watervliet, also several villages with an over-all population of 221,315. There is adequate hospital coverage but a shortage of physicians. Adequate service (laboratory) for the City of Albany is provided. This is not true, however, in the case of Albany County outside of the city While facilities through the Bender Hygienic Laboratory are adequate for patients who are able to pay for the service, a county laboratory has not been established or service provided under contract Hence, while specimens for evidence of communicable disease can be examined at Division of Laboratories and Research, the types of service, including clinical-pathologic examinations, that are of such marked value as an aid in diagnosis are not available in the county outside of Albany for persons who are not able to pay for the work.

Greene County—There is no laboratory service for patients not in hospital. There is no blood bank. Increase in size of the hospital is needed. All specialized medicine is sent to Albany. More time for the pathologist is advised.

Columbia County —There is no laboratory service for nonhospitalized patients There is no blood bank for the county —There are insufficient hospital

beds but postwar plans for culargement of the hosnital have been made.

Sullivan County —There are two hospitals in the county, one at Monticello (30 beds), and one at Liberty (35 beds). Neither hospital is approved. There are two individual laboratories in Liberty and one laboratory in the Monticello Hospital. There are no laboratory facilities available for the county It is the beholf that Port Zervis, in Orango County, handles this work Question of trends of travel.

Rensselaer County —There is no county labora tory service available for this county, and such is recommended Otherwise, the county, which comprises two cities—Rensselaer, Troy—and soveral villages, is well covered

Schobarle County —This is n rural county with fourteen physicians, six of whom are over 64 years of ago. There are two privately owned hospitals, one at Cohleakill and one at Josseson with a total of 15 beds. This county affords no type of diagnostic aid It is recommended that a county laboratory service be established Dr L. Becker Chairman of Public Health, feels that the county is madequately evoured and that a hospital is needed However, he feals that in this time they do not have the number or type of men to man a fully equipped hospital.

Ulster County -- Medical service is satisfactory in this county

#### Fourth District

Clinton County—Conditions are satisfactory There is approved county laboratory service avail able except in the field of tissue pathology. It is recommended that laboratory service be developed so that all necessary types of diagnostic procedure can be provided

Essex County—There is no county laboratory service. Due to the geographic condition of the county and the fact that it is a rural distinct it is impracticable to establish a county laboratory service, and it is felt that it is better to contract with a nearby approved laboratory or laboratories for such work. It is felt that the village of Essex is inadequately covered by medical service.

Franklin County—No county laboratory service is available. It is recommended that such be established with centers in Malone, Tupper Lake, and Saranac Lake.

Fulton County —This county is well covered as far as physicians and diagnostic aid are concerned However, the hospital capacity should be practically doubled.

Montgomery County —The ratio of physicians is iow, 1 to 1,515 5, and the bed capacity in the hospital should be increased.

Hamilton County —This is a very small county which has only six doctors. There is no county hedical society. There are no county laboratory facilities available to the small population of 4,183. Two of the townships are considering a contract for laboratory service with the Fulton County Laboratory in Gloversville. No action has been taken, but it would be advisable.

Saratoga County—The City of Mechanleville, with a population of 9,000, has no hospital and must depend on the overrowded Troy hospitals. The county needs an more doctors and an additional hospital

Schenectady County —Due to the fact that Schenectady is an industrial city and that the population has increased during the past few years, the hospital is drastically inadequate to take care of the needs of the population. The effort has been begun to ruse funds to erect another hospital in Scherectady, which bertofore has had only a general hospital. Laboratory facilities in the county are excellent.

St. Lawrence County—Increased hospital facilities at Massena are advisable. There is at present a government building, constructed as a single-story building (barneks-type), so arranged as not to permit much flexibility in operation and no private rooms (Lanham Act) The bospital facilities should be increased by ten bods and five bassinets. There is no doctor in the towns of Lawrence and Brasher

Warren County —There is a need for extra beds in the hospital however, the problem of staffing such is unsolved Nurses and orderlies cannot be hired.

Washington County —Washington County contracts for laboratory service for the northern part of the country with Warren County, and the southern part with Mary McClellan Hospital, at Cambridge Howover at present Mary McClellan Hospital does not have an approved pathologus. It is recommended that approved laboratory service should be provided for the entire county

#### Fifth District

Herkimer County —There is no county laboratory service and such is recommended for the county There seems to be some inadequacy of physicians in the town of Marathon

Jefferson County —There is no county laboratory service m Jefferson County and there is no blood bank.

Lewis County—Dr Phelps comments that ten additional beds are needed in the bespital. There is electrocarding raphic review. One area is now uncovered by a physician, as he is in the armed forces.

Madison County —There is no county laboratory service available for nonbospitalized patients. The only approved laboratory is at Oneida, and this laboratory does not do tissue pathology

Oncida County—In this county the Utica City and Utica State Hospital Laboratories are the only State-approved ones. These are not approved in pathology. No county laboratory service has been established, but the City of Utica has provided approved facilities through contract with the Utica State Hospital Laboratory. The city also offers a limited amount of service to physicians in part of the county but its recommended that laboratory service for the county but service for the county but observed to be provided, with laboratories located in Utica and Rome. Dr. Hugh Shaw states that although the number of doctors is sufficient in peacetime, at present there is a temporary shortage.

Onendaga County -There is no deficiency in this

Oswego County — It would be featible to estable has a branch laboratory in this district, as the Oswego City Hospital is too small for the load. The ratio of physicians is low and it would be well to increase the number, especially in the rural districts.

#### Sixth District

Broome County—Hospital capacities have been stranged by the influx of war workers into the county, and by personnel shortages Likewase laboratory facilities have felt these factors. Three general hospitals are making postwar plans to expand. The Burghamton City Hospital has asked the City for

mcreased laboratory space and personnel A branch of Kilmer Laboratory, at the Bingbamton City Hospital, would satisfy the needs of the northern and eastern extremities of the county

Chemung County —There is no deficiency in this county

Chenango County —There is no county laboratory service for nonhospitalized patients. The western part of the county could he given laboratory service through contract with the Cortland County Hospital Laboratory, as the staff at the Cortland County Laboratory has not carried an overload of work such as some other cities, and could direct a hranch laboratory. A lahoratory situated in a central point could supply this county, Schuyler, and Tioga Adequate postwar medical care would require the location of several physicians in this section with some clinical laboratory facilities at their disposal

Cortland County —A branch laboratory at the central part of the county, such as Otselic or South Otselic, under the direction of the Cortland County Lahoratory, would be desirable

Delaware County—Hospital and clinical laboratory facilities are extremely limited and poor in quality, except at Sidney and Margaretville, where local projects have recently been undertaken. In terms of medical care the resident physicians are handicapped by the lack of diagnostic facilities and hy distances necessary to travel. Note remarks for Broome County

Otsego County —Except for wartime personnel sbortages, laboratory service and medical care appear normal.

Schuyler County —There is no county laboratory service for this county. The existing laboratory is unapproved and a private laboratory established several years ago by one of the local physicians has served well during these war years. There is no blood bank (See Chenango County.)

Tioga County—No county laboratory facilities available Approval of the Tioga County General Hospital laboratory is pending (see Cortland County remarks) Further extension of laboratory and diagnostic aid to meet increasing demands for improved medical care should consider the benefits of the location of branch laboratories at Owego and Deposit

Tompkins County—Dr R D Fear, District State Health Officer, states that "The hospital has for many years been confronted with a local problem arising from a shortage of nursing personnel This situation necessitated closing part of the bospital except during emergencies caused by epidemic or communicable disease" Therefore, there is an inadequacy of hospital beds at present in this county

### Seventh District

Cayuga County —County lahoratory needs a director

Livingston County —There is no deficiency in this county.

Monroe County—The present ratio of patients has increased 65 per cent and the physicians are at present overworked

Ontario County -This county is well covered

Seneca County—There are no approved aboratory facilities Laboratory work for this small county is sent to Geneva, which is a few miles distant. It is suggested that county laboratory facilities be established by contract with some nearby county. Dr. Frederick Lester comments that there

are insufficient hospital beds and would recommend a new hospital at Seneca Falls There are no electrocardiographic facilities in the county There is no physician in the town of Lodi The doctor who previously practiced there is now in the armed forces

Steuben County —The facilities in this county are satisfactory

Wayne County—Dr Hobbie, Secretary of the County Medical Society, states that, "Wayne County does not at present have enough hospital beds for adequate care Lahoratory facilities are at some points 40 miles distant, but this is alleviated by the fact they can be sent to other laboratories near at hand Some areas not adequately covered since doctors have been taken into the service"

Yates County —Dr R F Lewis comments, "No electrocardiographic service in any of the bospitals"

## Eightb District

Allegany County —Several towns in the north-central and east-central part of the county have no physician. It seems that the hospital capacity should be increased. A building plan is under way at Wellsville. Except in the field of pathology (tissue), county laboratory service is available.

Cattaraugus County — There is no blood bank. Many towns have no physician but nearby areas take care of this inadequacy

Chautauqua County—There is no blood bank. Many towns are without a physician Adjoining areas care for the patients of these towns

Erie County -The county is well covered.

Genesee County—Two general bospitals are overcrowded, but plans for expansion are under way Building to begin as soon as time permits There is no blood bank for this county

Niagara County —Niagara County has no county laboratory service—The City of Niagara Falls maintains a city laboratory under State aid—Service therefrom is offered to physicians in a few surrounding townships—It is suggested that provision of county laboratory service through contract with the Niagara Falls Public Health Laboratory be made

Orleans County —There are no approved laboratory facilities in this county. It needs a county laboratory in either Medina or Batavia. No electrocardiographic service is available, and there are insufficient doctors. The county needs supplemental medical care and laboratory facilities.

Wyoming County—Dr L H Humphrey comments that the bed capacity is overcrowded by 33 ½ per cent Laboratory facilities are excellent hut understaffed The hospital is inadequate for present demand for service, and over half of the hospital is old and urgently needs replacement. More room is needed for diagnostic laboratory facilities and for x-ray therapy

F LESLIE SULLIVAN, MD

Section 12 (See 57)

Supplementary Report of Council—Part VI Rehabilitation

The Chairman of the Subcommittee on Rehabilitation has had several conferences with the Chief of the Bureau of Medical Rehabilitation of the New York State Department of Health and the Director of the Division of Vocational Rehabilitation of the New York State Education Department regarding the fee schedules for the rehabilitation programs.

These are Handicapped Children's Program of the New York Stato Department of Health and the Vocational Rehabilitation Program of the New York State Education Department. The Commissioner of Health of the New York State Department of Health has approved the fee schedules for orthopedio surgical procedures accepted by the Subcommittee on Rehabilitation, representatives of the State Departments of Health and Education, Director of the Workmon's Compensation Bureau and officers of the Medical Society of the State of New York.

A meeting of the Subcommittee on Rehabilitation was held on June 14, 1945, in New York City Present at this meeting, in addition to the Subcommittee members, were members of the Council Committee on Public Health and Education, Director Work men s Compensation Bureau of the Medical Society of the State of New York, officers of tha Medical Society of the State of New York, and representatives of the State Departments of Health, Education, and Social Welfare. The Chairman of the Subcommittee on Rehabilitation expects to be able to submit an article for publication in the Journate, including a statement of these feee, within a few weeks.

Respectfully submitted
O W H. MITCHELL, M.D., Chairman

Section 13 (Sec 52)

Supplementary Report of Council—Parts VII and VIII Medical Service and Public Relations

To the House of Delegates Gentlemen.

At frequent intervals, we have been recoving bulletins from the Director of the Council Committee of the American Medical Association on Medical Service and Public Relations, Dr. Joseph S. Lawrence. The members of this State Committee have contacted Congressmen and Senstors from time to time, in order to keep them informed of the physicians attitude toward the legislation. Among ourselves we have discussed the problems, but only once in a regular meeting in February in Albany. At present, the new Wagner-Murray Dingell bill is the favorite football

Respectfully submitted,
John L. Bauer, M.D., Chairman

Section 14. (See 115)

Supplementary Report of Committee on Workmen's Compensation—Part X

A Joint Medical Conference Committee has been authorized by the Council and the organization meeting of sama was held on Wednesday, September 19, 1945, in New York City The Joint Medical Conference Committee consists of

Mr Charles Deckelman—The Travelers Insur-

ance Company
Mr Herbert F Dimond—Fidelity and Casualty
Company of New York

Mr Sianwood L. Hanson—Liberty Mutual Insurance Company Mr Warren C Tucker—Utica Mutual Insurance

Mr Warren C Tucker—Utica Mutual Insurance Company

Mr Edward J Powers The State Insurance Fund

Mr Oliver G Browns—The Self Insurers Association

Mr Henry D Sayer—Compensation Insurance Rating Board

The above group represents stock, mutual, self-insurers, and State Insurance Fund.

The medical members of the committee are

Dr Harry Aranow Dr Vincent O Moscato
Dr Chas, Gordon Dr Dan Mellen
Heyd

Dr Joseph P Henry Dr Malvin Dr David J Kaliski (representin

Dr Melvin B Hasbrouck (representing the Osteopathic Society)

With the formation of this state-wide committee, we shall recommend the formation of local committoos in all large county societies, to consist of mem bers of the compensation committee of the medical society and representatives of the varied compensa The central tion insurance interests in each area. committee will inaugurate studies and discussions which will be distributed to the county society compensation committees and will receive from the local committees general problems for discussions and decisions. It is hoped that the establishment of the local committees will provide a greater contact between employers, insurance carriers, and the medi-cal profession and provide a means of settlement of medical bills and compensation problems locally In general, the purpose of this venture is to facilitate the administration of the Workmen a Compensation Law, to improve medical practice, and create a closer and more harmonious relationship among the vari ous groups,

At the writing the Chairman of the Workmen's Compensation Board of the Department of Labor has not, as yet, sot a date for a hearing on our request for a general increase in the fee schedule. Attempts are still being made to create a joint conference committee of the State Medical Society and Labor organisations in New York State for discussion of workmen's compensation matters of mutual interest.

Now that railrood travel and hotel facilities have eased somewhat, it is the purpose of the committee to continue personal contact with local county societies. A greater interest will be taken in improving the quality of medical care and preventing any violations of the provisions of the Workmen's Compensation Law by greater vigilance and activity on the part of the county society Workmen's Compensation committees.

The standards of qualification of physicians should be more rigidly applied by local county societies and an attempt made to simplify code latters granted to general practitioners not specializing. Considers tion will be given to the problem of inspecting periodically medical bureaus licensed through county medical societies, and an attempt will be made to provide assutance from the State in enforcing the provisions of the law requiring employers maintain ing medical bureaus to obtain a license after medical society approval.

A bearing was bold on September 20 by the Chairan of the Workmen's Compensation Beard, Miss
Mary Donlon, and representatives of the New
York State Hospital Association tha Council of
Radiologists, Pathologists Physiotherapists and
Anesthesiologists, and your State Compensation
Committee, at which consideration was given to the
form of a bill to be introduced into this section of the
Legislature to amend Section 13-f (1) of the Workmon's Compensation Law to include radiology,
pathology physiotherapy and anesthesiology as the
practice of medicine and also to amend Section 13-d
(2)g to include these specialities and to provide for a
proper and equitable relationship between these
specialists, employed full or part time by bespitals,
and the bospital. Als to amend Section 124-6 of the

Education Law to include these specialties as the practice of medicine and to provide for a proper and equitable relationship between these specialists employed by hospitals and the hospital, and also to exempt them from the punitive provisions of this Section These provisions will also be contained in Section 1250 of the Education Law, which will be amended to include within the practice of medicine the specialties of radiology, pathology, physiotherapy, and anesthesiology

Your committee recommends that the Workmen's Compensation Law be amended to provide for a bureau of investigation in the Department of Labor to assist the Department and the Workmen's Compensation committees of the medical societies in investigating complaints against all parties in interest in Section 13 of the Workmen's Compensation Law This bureau should he adequately staffed by an assistant Attorney General and ample provisions

should be made for it in the budget

The bureau of collections created by the Workmen's Compensation Committee is functioning actively and invites county medical societies and members to avail themselves of its facilities in the collection of medical bills and other matters relating to

workmen's compensation practice

Your committee drew attention to Section 15, subdivision 8-a of the Workmen's Compensation Law, which provides for the employment of disabled veterans in industry. Physicians should be advised that the cost of medical care and compensation for second or additional injuries sustained by such veterans (after a period of one hundred and four weeks) will be paid out of a special fund thus permitting industry to employ such disabled veterans through greater assurance that the hazard of second injury will not fall too burdensomely on the employer

Your committee recommends that those county societies which have not as yet answered Bulletin No 60, issued in February of this year, asking for the names of especially qualified specialists provided under the 1944 amendment, send in such names, if

available, as soon as possible

Your committee recommends that the Chairman of the Workmen's Compensation Board be urged to instruct referees to provide a fee in excess of the minimum \$10 and \$25 for physicians and specialists, respectively, for testimony hefore the Department of Labor, in instances where the physician or specialist must travel a great distance and spend more than the usual amount of time in the procedure. Mileage fees are limited under State law and are entirely inadequate at present. The difference may be made up by instruction to the referee to use his judgment in allotting an increased fee where indicated by circumstances.

A number of State Examining Committees in Radiology for applicants who desire qualification in this specialty have been set up and it is contemplated that additional committees will be set up to cover

the Albany and Binghamton areas

Your Committee anticipates momentarily a statement from the Chairman of the newly created Workmen's Compensation Board of the Department of Labor concerning her policy in the administration of the Workmen's Compensation Law affecting medical practice and this statement we hope will be available for the Reference Committee and the House shortly

Your Committee has made available to the Chairman of the Reference Committee, Dr Simpson, a number of recommendations for amendments to the Workmen's Compensation Law which are too voluminous to include in a supplemental report but will

no doubt be alluded to in the Report of the Reference Committee Steps will be taken to seek the support of the Department of Labor and other interested groups in the passage of these amendments at this session of the Legislature

Commercialism should be stamped out from Workmen's Compensation practice and a step in this direction would be to prohibit the operation of commercial x-ray laboratories, owned by lay persons or corporations and operating through the employment of an authorized and qualified physician. This could be brought about by amending Section 13 of the Workmen's Compensation Law to provide that all such laboratories should be owned, operated, and supervised by qualified physicians.

Your Committee strongly urges the Chairman of the Workmen's Compensation Board of the Department of Labor to implement the amendments to Section 13 of the Workmen's Compensation Law providing for the employment of especially qualified medical specialists in the Department of Labor

It is further suggested that the Law be so amended as to permit the Chairman of the Workmen's Compensation Board to pay a fee in excess of \$7,500 and up to \$10,000 for such specialists on a part-time basis

> Respectfully submitted, HARRY ARANOW, M D, Chairman

Section 15 (See 67)

Supplementary Report of Council—Part XI Medical Licensure

To the House of Delegates, Gentlemen

I herewith submit a supplementary report as Chairman of the Council Committee on Medical Lacensure

During the year 1944 tho total number of licenses issued by Boards for the forty-eight states, District of Columbia, Alaska, Puerto Rico, and the Virgin Islands was 9,606, 7,035 were issued after examination, and 2,571 by reciprocity or endorsement of other state licenses or the certificate of the National Board of Examiners This figure is an increase of 1,330 over 1943, when a total of 8,276 were licensed The increase in the number of licenses is reflected mostly in the number of annual graduates of all medical schools, except the Women's Medical College of Pennsylvania, due to the accelerated program during

Now York State, in 1944, licensed 788, one-twelfth of the entire number licensed in the United States and possessions (In 1942 this state licensed one sixth of the total.) Six hundred and thirty-seven of these represented additions to the medical profession. Of this number, for 1944 in New York State, 224 were foreign physicians, 137 less than in 1943. Now that the war is over the figures in this respect for 1945 and 1946 should prove an interesting study.

The statistics for total licenses include many examined in 1943 and even a few in the previous years, and so do not represent strictly additions to the

medical profession.

During the calendar year 1944, the greatest number of licenses—912—were issued in the state of California, while more than 700 were licensed in the states of Pennsylvania—898, Ohio—837, and New York—788 Fewer than 100 licenses were issued by each of twenty-two states, the District of Columbia, and the territories and possessions The fewest were licensed—7—in North Dakota, and none were licensed in Wyoming

Compared with the data for the year 1943, in-

crouses in the number of physicians registered last vear wer, somewhat higher in a number of states, particularly in the states of California, Georgia Maryland, Michigan, Missouri, Ohio and Pennsyl vania. In New York State there were 124 fewer

licenses issued.

Candidates Examined by Medical Examining Boards—"Throughout the year 6 791 were ex-amined, of whom 5 895 passed and 806 failed," as stated in the Annual Report in the J.A. M.A., May 12 issue. Of the total examinees, 5 432 represent graduates of approved medical schools in the United States, of whom 2.9 per cent failed, the 61 graduates of approved Canadian schools had 27 9 failures, and 8 0 per cent of the 25 who were graduates of approved medical schools no longer operating failed. The greatest percentage of failures, 53.0 per cent, was among the 691 graduates of medical schools located m countries other than the United States and Canada. Of the 582 graduates of unapproved medical faculties registered 45 4 per cent falled. In each instance the number of examinees was noticeably less than in 1943 In 1944 there were 1 002 fewer examinees from approved medical schools, 10 fewer from Canadian graduates, 76 fewer from schools now extinct, 340 fewer graduates of foreign faculties of medicine and 175 fewer from unapproved schools This fall ing off in the number of examinees is no doubt due to the accelerated program and the graduation of two classes by medical schools in 1943, by most of the approved institutions. It must be noted, however, that many of those examined late in 1943 were not actually lineensed uotil 1944, and since it is permissible for a candidate to take an examination in more than one state and be counted as an examinee in each state, the 6 791 physicians and others examined for licensure do not represent an actual number of individuals.

Failures — Twenty three approved schools in the United States had no failures before medical licensing beards, thirty two had less than 50 per cent, and six between 6 and 10 per cent. There were eight schools with 10 per cent or more failures in state examinations. These figures and percentages are modified by data on those who were examined by the National Board of Medical Examiners in its final examination as well as those passing state tests."

In the rine medical colleges in this state, New York, that is, Albany, Columbia, Cornell, Louisland College of Medicine, Syracuse Buffalo, and Rochester universities, 2.5 passed tests by the Medical Examining Board, while 23 falled. Five hundred and thirty-two passed and 12 failed the Part III examination of the National Board of Medical Examiners. The total number of examiness taking tests was 221, in which 786 passed and 35 failed, or a percentage of 4.4 failures. One medical school had no failures, 2.8 per cent of those who studied medicine in the remaining cleft schools in this state who appeared for licensure in 1944 had previously failed, and 23.4 per cent failed who obtained their medical education in thirty-six schools located in other states.

"Three Canadian schools had no failures before United States licensing boards, while the other six schools had percentages higher than 14. The highest percentage was 60.7 from 9 graduates of the University of Montreal examined in six states. New York State examined 17 Canadian graduates and California 11 and all other states fewer than 6. Graduates of medical schools of other countries were examined in twenty-one states and Puerto Rico."
In 1944 of the 9.600 licensed, 423 had been un-

In 1944 of the view licensed 423 had been unsuccessful previously before licensing boards. From

the approved echoois, 92 of those licensed had previously failed a state beard examination. Forty-four failed once before being licensed in a given state, and 29 after one failure elsewhere. Nineteen received licenses after more than one failure, ten of whom were registered in the original state, six elsewhere, three failed in the state where licensed and elsewhere. Two bundred and fifty nine graduates of foreign medical schools were registered after previous failures and seventy two of unapproved schools were registered. Sixteen of the loreign graduates had five failures before passing an examination for license, fourteen had ax examinations, ax had failed seven, eight had failed eight, six, nine, three ten, one each, eleven and twelve two thurteen, and one failed eighteen tests. In wenty-one states all physicals licensed last year had no fadures in a state medical examination before being registered. There were 2 401 such individuals. With the exception of the states of California, Illinois, Massachusetts, New Jersey, New York, and Ohio, the number of physicians licensed throughout the country in each state for particular failed eight number of physicians licensed throughout the country in each state for particular failed eight number of physicians licensed throughout the country in each state for particular failed eight number of physicians licensed throughout the country in each state after proviously having failed was less than ten.

Reputation by Reciprocity or Endorsement—The greatest number of licenses issued by reciprocity or endorsement in any one state were 469 as inconsed in California. Our state issued 335 Four states endorsed 100 or more, that is Ohio, 106, Michigan 148, New Jersey 159, and Teras 100 The largest group presenting the same type of credentials were the 702 diplomates of the National Board of Medical Examiners. On the basis of this certificate 259 were certified in this state of New York. One hundred or more physicians presented licenses issued by Illinois, Missouri, New York Ohio, Peansylvania, and Tennesce No physician holding a Versda or New Mexico certificate applied for registration in another state duriog the year In Arisona and in New York, one physician was registered on the basis of foreign cerebentials, presenting licenses from Great Britain

and Austria, respectively

Meentades Representing Additions to the Medical Profession.—There were 8 633 additions to the medical profession in 1944. New York State had 637 additions, 403 by examination and 220 by reciprocity or endorsement. During the same period there were 3 627 deaths among the members of the medical profession, so that in reality the increase in the number of physicians was actually 3,300. Many more than this latter number were added to the armed forces as medical officers in 1944, so that in actual figures there has been a decrease in the number of doctors available to the civilian population rather than an increase as one might anticipate in ileu of the accelerated program. While two classes were graduated from most medical schools in 1943 the number of physicians added to the profession did not increase, since many physicians who obtained M.D degrees in December of that year were not able to receive licences until early in the year 1944 owing to administrative details. In 1944 the number in this group was 979 more than in the previous year

The greatest number of physicians added to the profession in any one state was in Pennsylvania—821 Both Now York and Ohio added more than 600 and California and Missourn more than 300

Estimated figures indicate that on January 1 1945 the number of physicians in continental United States, neduding those licensed in 1944, was 101,689, excluding physicians who are in military service, engaged in full-time too hospital work, retired, engaged in full-time teaching, or not in practice, there remain approximately 100 000 physicians in private practice some of whom are part-time teachers.

Table of Physicians Examined on the Basis of Credentials Obtained in Countries other than United States and Canada, 1930–1944

Year	No Examined	Passed	Percentage Failed
1930	167	92	44 9
1931	158	91	42 4
1932	182	96	47 3
1933	200	129	35 5
1934	285	170	40 2
1935	437	303	30 7
1936	588	382	35 O
1937	920	637	30 8
1938	1,164	716	88 5
1939	1.691	839	50 4
1940	2,088	948	54 7
1941	1,717	698	59 2
1942	1.630	800	45 4
1943	1,031	519	49 8
	691		53 8
1944	091	325	53 B
Total	12,949	6,834	47 2

Licensure for the Relocated Physician —To assist the physician returning to civilian practice or in locating in areas where there are shortages of physicians, the licensing boards of nineteen states, Alaska, and Puerto Rico provide for the issuance of temporary permits, usually without immediate examination New York has no such plan. In view of the recommendation of Procurement and Assignment Service to enact legislation to facilitate the relocation of physicians into needy areas, especially in cases of discharged medical officers desiring such adjustments. "In addition, the New Jersey Medical Practice Act exempts from its requirements a lawfully qualified physician and surgeon of another state taking charge temporarily of the practice of a lawfully qualified physician of New Jersey during his absence from the state. Such permission may be granted by the Board of Medical Examiners for a period of not less than two weeks nor more than four months, but not exceed one year in the aggregate."

months, but not exceed one year in the aggregate"
Physicians Examined on the Basis of Credentials
Obtained in Countries Other than the United States and
Canada—In New York State no matriculates of
foreign schools after 1940 will be permitted to qualify
for examination unless, in addition to other requirements, the Department of Education or its agent has
had an opportunity to inspect and approve the
school from which the candidate was graduated
The requirements of candidates for medical licensure
in New York State on the basis of credentials obtained in countries other than the United States and

Canada are the same as reported in 1943

"Ninety-two faculties of medicine and two licensing corporations of nineteen European countries and nine other countries are represented. There were 691 examined by twenty-one states and Puerto Rico, of whom 325 passed and 366, 53 0 per cent, failed Graduates of the University of Vienna represent the largest group, 135, who were examined in thirteen states, with a failure percentage of 46 7. Five states examined 54 graduates of the University of Berlin, of whom 48 1 per cent failed. More than 35 graduates of the universities of Paris, Bologna, and Lausanne also were examined in the United States last year."

The greatest number of foreign graduates examined by any one state was 510 in New York (252 less than the 762 examinees in 1943), of whom 224 passed and 286 or 561 per cent failed. No other state tested more than 37 of these physicians. Fewer than 5 were examined by eleven states. The proportion of failures in 73 schools of the total of 94 was

25 per cent or more. In the United States in fifteen years, 1930 to 1944 inclusive, 12,949 were examined, of whom 6,834 passed and 47 2 per cent failed. There has been a decrease of 340 in the number examined in 1944 as compared with the previous year. In 1943 there were 599 fewer examined than in the previous year. The percentage of failures, however, has not changed significantly in recent years. The greatest number of failures occurred in 1941, when 59 2 per cent failed. At no time in this fifteen-year period did fewer than 30 7 per cent fail.

From the year 1936 to 1940 there were large

annual increases in foreign graduates examined, so then in 1940 there were over three times as many tested as in 1936 Since 1940 there have been annual decreases. The number last year was 1,397 fewer than that of 1940 but has not yet reached the average number of foreign graduates examined annually prior to 1936 and before the increased migration of foreign physicians to the country from Europe.

Respectfully submitted,

F LESLIE SULLIVAN, M D, Chairman

Section 16 (See 79)

Supplementary Report of Special Committee— Part XII Publications

The Special Committee on Publication recommends that the House of Delegates continue this Special Committee of the Society working under supervision of and reporting to the Council, and that the House give the following directive as to the continuance of its personnel in keeping with the action of the House of 1944

"The Committee on Publication shall consist of the Secretary, the Treasurer, the Director of the Public Relations Bureau, the literary editor, and one trustee, who shall be chairman, the trustee to serve shall be selected by the Chairman of the Board of Trustees, and the literary editor shall be selected by the Committee on Publication at its first meeting after this meeting of the House of Delegates, the former literary editor not voting. This is deemed to be the most satisfactory way to choose the incumbent of this position, who thereupon becomes a member of the Committee, because of the familiarity of the Committee with the duties involved and the qualifications necessary for the satisfactory performance of them"

Medical Publicity —News Letter A new publication in the form of a news letter was initiated in April to contain spot news of Society activities for information of those who devote more than the usual amount of time to the Society's activities. This is published at irregular intervals as occasion

demands
Wagner-Murray-Dingell A new version of the
controversial Wagner-Murray-Dingell Social Security Bill was introduced in the Congress early in the
summer and again contains a compulsory health
insurance provision, this time including dental and
nursing care. Copies of the bill were sent immediately to officers of the Society and a summary of the
bill was made and sent out to a larger list in July
Further activity waits upon action of the House of
Delegates

Antivivisection Toward the end of the last legislative session there suddenly was introduced and passed in the Senate a bill forbidding the use of dogs in medical laboratories. The danger was imminent and the Bureau used its resources to rally those who could bring influence to bear on the legislature. The bill was stopped in the Senate. At the present time

preparations are being made to combat any further attempt at such legislation. Material has been gathered and printed matter is in the process of preparation for wido distribution when the time

Medical Licensure Similar action was taken regarding a bill to license physicians from schools not accredited by the Board of Regents of New York.

This legislation, too, was etopped.

Woman's Auxiliary Contact with leaders of the Woman's Auxiliary has been kept up during the year in preparation for activities which this group will undertake in conjunction with county societies.

Section 17 (See 58)

Supplementary Report of Council-Part XIV War Participation.

To the House of Delegates Gentlemen

Your Committee on War Participation wishes to report the following activities on the work of ald to

medical veterans.

Out of approximately five thousand questionnaires sent out, one thousand, five hundred and forty have been filled in and returned. Information requested follows postgraduate work (nine hundred and seventy-four refresher courses and two hundred and thirty two hospital readencies), assistantiships with specialists, four hundred and five, comparatively few desire industrial and research positions, one hundred and nineteen inducate relocation (either in New York State or elsewhere), and seventy five were undecided.

Your Committee has answered all inxuiries, obtaining information requested and transmitting it to the medical officers. Twelve different form letters have been compiled and used where applicable and in other cases individual responses were sent. With all correspondence pamphlet information on "Serv icemen's Readjustment Act," No 346 has been en-

closed.

Requests for relocation have been referred to State Procurement and Assignment Service for New York State or the Bureau of Information of the American

Medical Association.

Through the excellent cooperation of medical schools and special groups appointed for the pur-pose of chtaining hospital information, the Com-mittee has been able to furnish definite and on various problems facing medical officers in the transition to civil practice. Available office space and references for industrial positions have been furnished.

The Committee authorized a separate file for War Participation activities pertaining to question-naire inquiries. This has been established and is

available for future reference.

Requests for financial aid have been many and, in the opinion of the Committee, this matter has been handled by reference to the G.I. Bill of Rights as the Society legally is not permitted to lend money

The matter of assistantahips with specialists is being handled through the cooperation of local county societies. Circularization of county society committees reveals that the majority of counties are

planning machinery to aid in this work.

In conclusion, it is the opinion of the Committee that the work in this program has been carried on in the best interests of the medical officer, and personal interviews have been and will be held whenever de-sired in furtherance of the purposes for which the questionnaire was sent.

All of the sorting and classification of the questionnaires, the vast majority of the correspondence. and interviews have been conducted by Mrs. Alice Arana, under the supervision of Dr Anderton, and the Committee is deeply indebted to both of them.

The Committee feels that its name is now obsolete and that its work should now be turned over to a committee on veterans affairs.

Respectfully submitted,

LOUIS H. BAUER, M.D. Chairman NOBMAN S. MOORE, M.D. JAMES F. ROOVET, M.D. HENRY W CAVE, M.D. JOE R. CLEMBONS, M.D.

#### General Matters

Convention

To the House of Delegates Gentlemen.

This Committee has had difficulties. Dr Walter P Anderton tripped to Washington and in other ways threw around the weight of the Medical Soof Delecates might come to pass after V-E Day, as you know, it is only now, after V-J Day, that realisation can be promised for October 8 and 9, at the Hotel Statler in Buffalo Travel restrictions are now

lifted for everybody
We hope the Delegates will make the effort to be present. It will be a big time for discussion and voting. And what a grand get-together

Respectfully submitted.

JOHN L. BAUER, M.D. Chairman

Reorganization

To the House of Delegates Gentlemen.

A meeting of the Reorganisation Committee was held in New York City on June 13, 1945 Present at this meeting, in addition to the Committee members, were the Chairman of the Workmen's Com-pensation Committee of the Medical Society of the State of New York, officers of the Medical Society of the State of New York, and representatives of the Workmen s Compensation Board of the New York State Department of Labor At this meeting, it was proposed that the Council appoint a Subcommittee of the Workmen's Compensation Committee to work with the Chairman of the Workmen's Coin pensation Board of the New York State Department of Labor Miss Mary Donlon. This proposal was submitted to the Council on June 14 and it was voted that the President be given authority to appoint five physicians who would be available to confer with anyone on Workmen's Compensation and related activities.

On September 12, 1945 in New York City, a meeting of the Reorganization Committee was held to discuss activities and business affairs of the Society In addition to the members of the Committee officers of the Society were also present.

Respectfully submitted.

O W H. MITCHELL, M.D., Chairman

Belated Bills —The Council voted to pay and sub-mit to the House of Delegates for approval, the following bill for expenses in connection with State Society duties which was not turned in until after source that was the state of th 1914, and March, 1944.

Section 18 (See 42-49) Annual Report of Board of Censors

To the House of Delegates, Gentlemen

On June 1, 1944, the Board of Censors of the Medical Society of the State of New York heard an appeal of Dr Joseph F Montague from the decision of the Board of Censors of the Medical Society of the County of New York, suspending him from the rights and privileges of membership for a year commencing February 14, 1944, for infraction of the principles of professional conduct of the Medical Society of the State of New York.

There were present at the meeting Drs Stephen H Curtis, Dan Mellen, Peter J Di Natale, Herbert H Bauckus, President, and Peter Irving, Secretary, and Thomas H Clearwater, Esq, Attorney There were also present Reed B Dawson, Esq, Attorney for the Medical Society for the County of New York, and Dr Montague with Counsel, Samuel R.

Gerstein, Esq.

After full consideration of the grounds for appeal, the records furnished by the Medical Society of the County of New York, testimony by Mr Reed B Dawson, Attorney for the Medical Society of the County of New York, and by Dr Joseph F Montague and Counsel Samuel R. Gerstein, the Board of Censors of the Medical Society of the State of New York unanimously affirmed the decision of the Medical Society of the County of New York, suspending Dr. Montague from the rights and privileges of membership for one year

An appeal has been taken by Dr Montague to the

House of Delegates

Respectfully submitted, W P Anderton, M D, Secretary

Section 19 Memorials

Speaker Bauer There are a number of memorials, some of which went to Reference Committees and others of which have been presented since Instead of referring these to a Reference Committee for later report, if Dr Flood is ready I will ask him to present the memorials to the House at this time, and they can be acted upon, if there is no objection, directly by the House

Dr. Edward P Flood, Bronx It is with a deep sense of regret that I present these memorial resolu-

tions to you

### DR PETER IRVING

"Dr Irving, Secretary and General Manager of this Society since 1937, died on December 28, 1944, at Roosevelt Hospital, after a cardiac illness

of several months
"His death is a great loss to the Society and a great sorrow to all who have been associated with

him in the work of the Society

"It would be impossible to overestimate his Not only was he Secretary and General Manager, and as such was conversant with and helpful in everything that was undertaken by the Society, but also he was Managing Editor of the NEW YORK STATE JOURNAL OF MEDICINE Under his editorship the Journal steadily improved, and the improvement will continue under new plans already formulated with his help and

"He was appointed in 1943 by Governor Dewey as a member of a Commission to investigate the management and affairs of the Department of Mental Hygiene of the State of New York

"Dr Irving was born in 1878 in Madison, Wisconsin His preliminary education was in a private preparatory school, St Austins, Staten Is-He went to Columbia University and recerved his AB in 1900 In 1903 he graduated from the College of Physicians and Surgeons (Columbia University) and was the winner of the second Harsen Prize.

"His internship was in Roosevelt Hospital, from which he graduated as house physician, and after that he was on the staff of that hospital continuously, first as clinical assistant (for many years Chief of the Medical Dispensary) up through all the grades until, finally, before his returement from active practice, as attending ply-

"At the time of his death he was consulting physician to Roosevelt Hospital and also to New York and Seton Hospitals

"Ho was a member of the Alumni Association of Roosevelt Hospital, a Fellow of the New York Academy of Medicine, a Fellow of the American College of Physicians, and a Diplomate of the

American Board of Internal Medicine

"We are inclined to think of Dr Irving as the full-time Secretary and General Manager of eur Society, but before that, for thirty-two years, he practiced medicine in New York County He had great knowledge and skill in medicine, but he did not call himself an internist or a diagnostician.

"He was a family physician at its fullest and best He treated people and not merely diseases. His judgment was so sound and so very sane

"Called in to see one patient for some illness or ailment, he would soon be guiding the whole

family in health matters.

'Nothing was too much trouble, nothing was too trivial for him to take an interest in. He knew people, and he knew the art of medicine, that troubles that are of little importance from the doctor's point of view do not seem unimportant

to the patient.
"There are not many family physicians like him left in the larger cities, and medicine and the

public are the worse for their lack.
"His former patients still talk about his wenderful work for them, whether it was a critical illness in which they are convinced that he saved their lives, or a successful regimen of life which has kept them in health

"Dr Irving first took an active part in organized

medicine in 1927, when he became a member of York County Society He served on the Economics Committee in 1928 and 1929, was Assistant Secretary from 1930 to 1936 He served on the Board of Censors for one year and then took up his duties with the State Society Wo have already spoken of his work with us since 1937, its excellence, his unfailing attention to duty, but it is not so easy to describe what he gave us over and above

"There was something about his personality, his candor, his friendship, and his keeness of mind that was an inspiration to all who worked with him, that was a solace and a help to all the members of the Society who came to him for help and

for advice
"Perhaps his outstanding characteristic was his intense loyalty, loyalty to the Society and loyalty

to his friends and associates

"We shall never forget him and it will be a long time, if ever, before we see another man like him "Be it resolved by the Council of the Medical

Society of the State of New York that this resolution be spread upon its minutes and that a copy be ment to his family, and that it be printed in tho JOURNAL!

#### DR. J RICHARD KEVIN

"At his death on January 8, 1945, Dr J Richard Kevin completed a long record of devotion to his patients, of continuous study in the science of medicine, of interest in the civic affairs of the people, and in the administration of good government in municipality state, and nation, and of unflagging loyalty to his profession and its ideals.

"He was born in LaCrosse Wisconsin, over eighty-one years ago He attended the University of Vermont for his classical training and Bellevuo Hospital Medical College, where be graduated in 1888. After graduation he came to St. Mary's Hospital, Brooklyn for his internship and through the remainder of his life was associated with that hospital and its interests as assistant surgeon, attending surgeon and at the time of his death was one of the Board of Senior Surgeons. For many years, too, he was an attending surgeon at the Broad Street Hospital, Manhattan.

"Ilo became a member of the Medical Society of the County of Kings one year after his graduation and was always keenly interested in its affairs. Ho was elected President of that Society for the year 1914 and President of the Medical Society

of the State of New York in 1921

"Ho was President of the Brooklyn Surgical Society in 1909, President of the Hopsital Surgeons Association in 1914, and was one of the original Fellows of the American College of Sur

geons in Brooklyn.

"He was Surgeon of the famous 23rd Regiment of the New York National Guard and went with that regiment to the Mexican Border in 1916 as a major in its Medical Corps. He was a member of the Alumni of St. Mary's Hospital, of the Brooklyn Pathological Society and of the Associated Physicians of Long Island. Through his different medical societies he presented many scientifie contributions based on his studies and surmeal

experience.
"He was a member of the Board of Education of New York City, of the New York State Board of Charities later the New York State Board of Social Welfare from 1913 to 1944 and was elected its Vice-President in 1929. He was a member of the Grievanco Committee of the New York State

Board of Regenta for several terms.

"During all his active life he was the loved head of his family, the esteemed, wise, unselfah eitizen of his country the loyal friend, the wise counselor and exemplar to many of his conferres, old as well as young, and all through that long life as a doctor a credit and adornment of the medical profession."

#### WILLIAM KRIEGER Α,

"For many years Dr kneger was a devoted worker, actively participating in the discussions of the Council and the House of Delegates of the Medical Society of the State of New York.

"He was a former Vice-President of the Society, and Chairman of the Scientific Exhibits at the Annual Meeting over a period of years, and dele-gate to the American Medical Association

'Dr Krieger died May 19, 1944. Flowers were sent by the Society to his funeral and members of the Council wrote letters of sympathy to Mrs. Krieger

"His passing has been keenly felt by his many friends."

#### DR. EDWARD C PODVIN

"Dr Edward C Podvin, Assistant Secretary of this Society since 1937, died on September 27 1944, at his home in the Bronx after a cardiac

Illness of a few days' duration,

"Dr Podvin was born in Hudson Falls New York. He received his early education there and later entered Manhattan College in the City of New York, from which he received the Bachelor of Arts degree in 1895. He entered the Albany Medical College and received his medical degree there in 1808. After his internship in Albany he engaged in the practice of medicine in Johnstown, New York, for two years, and then came to the Bronx at the turn of the century to engage in the

practice of medicine.

'During his entire professional career in that community, he served with great distinction in many capacities. During the entire existence of Fordham University School of Medicine, he was the professor of hypens and was a familiar and beloved figure to all the graduates of that institution. For many years he had been an attending physician at St. Francis Hospital in the Bronx and later a consulting physician at that institution and consulting gastroenterologist to Fordham Hospital. He was the chairman of the Bronx Tuberculosis and Health Association. His interest in organized medicine was an outstanding feature of his professional career He was a charter mem-ber of the Bronx Medical Society in 1914. He had been a delegate to this House from the Bronx since that time. In 1924 after a long service as Committeeman and Censor in the Bronx County Medical Society he was elected its Prosident, For over ten years he was the executive officer of the Bronx County Medical Society Ho was the editor of the Bronz County Medical Bulletin He was appointed by Governor Lehman as a member of the Industrial Council of the State of New York. Since 1937 he has been Assistant Secretary of this Society and he had served as a delerate of this Society to the House of Delegates of the American Modical Association for three terms.

"Dr Podvin'e stately and striking figure was a familiar one on the floor and platform of this House over the course of years. His love of good fellowship was well known and deeply appreciated hy his wide circle of friends. His memory will

long live with us.

"Be it resolved by the House of Delegates of the Medical Society of the State of New York that this resolution be spread upon its minutes and that copies thereof be sent to his family and published in the Journal."

#### DR. WILLIAM AVERY GROAT

"William Avery Groat was a scholar of exceptional ability, an outstanding member of the pro-fession as an internist, teacher, and investigator the was born in Canastota, New York, on No-vember 9, 1879 and received both his B.8. and M D degrees from Syracuse University In 1901 be became a member of the faculty of Syracuse University College of Medicine. In 1911 he was appointed professor of clinical pathology a posi-tion he held until his death. He received many honors and one greatly treasured was that of

trustee of his Alma Mater He was a fellow of the American College of Physicians and a member of numerous scientific and honorary societies work in hematology and metabolism gained him a

place of foremost rank in these specialties

"He was a member of the staffs of St Joseph Hospital, Syracuse Memorial Hospital, University Hospital of the Good Shepherd, Syracuse City Hospital, Syracuse Psychopathic Hospital, and Syracuse Free Dispensary During the year 1938, when he was serving as chief of the medical staff of the Syracuse Memorial Hospital, he was elected President of the Medical Society of the State of New York. Dr Groat was chairman of the Committee on Scientific Work of the Society for the five years 1932–1936 Following his term as President, he was a member of the Board of He was especially interested in maintaining a conservative relationship between government and private medicine and to this subject he

devoted his retiring presidential address
"In World War I he was a major and continued to serve his country as a lieutenant colonel in the Medical Reserve Corps of the United States Army

His interests were extremely wide and varied His tastes were discriminating and his voluminous reading and retentive mind endowed him with wisdom and discernment all too rare

"His death brings a loss to his friends, University, profession, medical research, community,

state, and nation

O W H MITCHELL, M D, Chairman CHARLES D POST, M D FREDERICK S WETHERELL, M D

Mr Speaker, I move the adoption of these memorial resolutions

Dr. Frank Lagattuta, Bronx I second the mo-

The memorial resolutions were adopted by the memhers arising and standing with bowed heads for one minute in silent memory of their departed brothers

Section 20

Introduction of Representatives From Other State Societies

Speaker Bauer It has long been a tradition of this Society that we invite delegates from our sister state societies on our borders, namely, Connecticut, New Jersey, and Vermont Norman M Scott, of New Jersey, and William H Curley, of Connecticut, are here Is there anyone else present from these states, or is there any delegate here from Vermont?

(There was no response)

SPEAKER BAUER Will Drs Scott and Curley

please arise?

(The delegates from the New Jersey and Connecticut State Medical Societies arose, and were ap-

plauded)

SPEAKER BAUER I want to welcome you to our I hope you will feel free to take part in our discussions, and I will be very glad to offer you the privilege of the floor at any time

Section 21

Commendation of Personnel of State Society's Office

Speaker Bauer There is one other matter that I want to hring hefore the House, which I think speaks very well indeed for the morale of the personnel in our State Society office You know that this meeting was called at rather short notice, and

there was a tremendous amount of work to be done Some of the reports had heen printed, but they had to he reprinted Others were received so late they to he reprinted Others were received so late they could not he printed and had to be mimeographed. All in all, there was a tremendous amount of work to To help matters along an elevator strike came, and those of you who are not familiar with our State Society office may appreciate what I am going to say when I tell you that the office of the Society is on the twenty-first floor, and I want you to know that the girls in the office of the Society walked up those stairs in order to get the work out so that the deliherations of this House could be facilitated If it had not been for their loyalty we would have been in a rather difficult situation. It certainly would have impeded the actions of the House. The Chair would like to entertain a motion that the House go on record as thanking the personnel for their demonstration of loyalty to the Society

DR GEORGE W KOSMAK I SO MOVE

Dr. B Wallace Hamilton, New York I second

the motion

The motion was seconded, and as there was no discussion, it was put to a vote, and was unammously carried with applause

SPEAKER BAUER Dr Anderton and Miss Dougherty will be delegated to see to it that the personnel

know about this action.

Section 22

Announcements

SPEAKER BAUER Dr Brown, Chairman of the Committee on Arrangements, requests that you all be informed that the dinner of the House of Delegates will be at 6 30 PM. tonight in the Ballroom. Delegates are invited to hring their vives, and members of the Society who are not delegates are also invited The Woman's Auxiliary has canceled its dinner and will attend Some of you who registered early before the tickets were on sale at the registration desk may obtain them there when you leave this meeting We have had several questions about dress, and I assure you it will be informal.

The floor is now open for the introduction of

resolutions

Section 23 (See 78)

Appointment of Special Subcommittee to Study Availability of Medical Care in New York State

DR REGINALD A HIGGINS, Westchester This is a resolution introduced by the Westchester County Medical Society regarding the appointment of a special subcommittee to study availability of medical care in New York State, and reads

"WHEREAS, the Medical Society of the State of New York is vitally interested in the problem of the quality and availability of Medical Care for

all people of this state, and "WHEREAS, we believe that leadership in this matter must stem from the Medical Society of the

State of New York, and
"WHEREAS, this hody should go on record as
being willing to cooperate wholeheartedly with
any plan which actually improves the quality and

availability of medical care for all the people, and "Whereas, the Planning Committee for Medical Policies have rendered such a complete and satisfactory report on the hospital and laboratory facilities in the State of New York and have themselves recommended that their committee or another committee be continued for the purpose of the study of the whole problem of medical care in the State of New York, therefore be it

"Resolved, that the Planning Committee for Medical Polices be continued and that the Medical Society of the State of New York shall set up a special subcommittee of the Planning Committee for the express purpose of studying existing facilities for the medical care of the people of this state collecting all factual data in this field, with a view of evaluating any deficiencies in the present system and formulating concrete plans which might eliminate any madequacies, and be it further

and formulating controls plans which might eliminate any madequacies, and be it further "Resolved that the Executive Secretary of this subcommittee shall be the Director of the Bureau of Medical Care Insurance of the Medical Society of the State of New York, and be it further

"Resolved, that the Council and Trustees of the Medical Society of the State of New York are memorialized to appropriate from the Society's treasury such monice as are necessary to adequately implement the purposes of this resolution."

SPERKER BAUER INASMUCH as that resolution

SPEAKER BAUER Inasmuch as that resolution pertains specifically to the Planning Committee, instead of referring it to a reference committee on new buances I will refer it to the Reference Committee on the Report of the Planning Committee, Dr Di Natale Chairman.

Section 24. (See 84)

Amendment of Workmen'e Compensation Law (Sec. 13C, Subdiv 1-C)

DR. JOSEPH C O GORMAN, Erre Mr Speaker, the County of Erre has its resolutions in order and it is at your discretion whether they may be heard, one right after another

The first one reads

"WHEREAS, The Workmen's Compensation Law of the State of New York commands the medical societies of all counties with less than 1,000,000 population to certify to the Chairman of the Workmen's Compensation Board all applicants for a compensation medical burean or laboratory license, and

Whennas, the aforesaid statute also directs the said county medical societies to ascertain by inspection of each proposed medical bureau or laboratory whether it qualifies for a hereas under the law and the rules of the Chauman of the Workmen e Compensation Board governing the heening and operation of such medical bureaus or

laboratories, and

"Whereas the aforesaid law in addition imposes upon the said county medical societies the duty of making periodic inspections of all compensation medical bureaus so certified and incensed, to ascertain that their equipment is adoquate and their staff is qualified to provide proper medical care and that the ostablishment is conducted and operated in conformity with the legal requirements, and "Wheneas, the aforesaid law further requires

"WHEREAS, the aforcasal law further requires the said county medical societies to investigate, bear, and determine all charges of professional or other misconductor of a volation of the Workmen's Compensation Law by any compensation medical bursus as certified and learned and

medical bureau so certified and heensed, and "Whenkans, the aforesaid law piaces upon the said county medical societies the obligation to see to it that no compensation medical hureau or laboratory is conducted or operated unless it is capable of rendering competent medical care and is licensed in the manner aforesaid, and

Withheas, the said county medical societies in the full discharge of the foregoing duties necessarily incur substantial clerical stenographic,

travalling, and other expenses, and
"Whereas the aforesaid law provides that
each compensation medical bureau or laboratory
so licensed pay to the Chairman of the Workmen's
Compensation Board an annual license fee of \$50,
and

"Whereas the aforesaid law makes no provieion for defraying the said expenses of the county medical societies incurred in the performance of the foregoing duties, and

"Whencas the said expenses of the county medical sociouse are a proper and legitimate cost chargeable to the administration of the Workmen'e Compensation Law, now, therefore, be it

"Resolved by the House of Delegates of the Medical Society of the State of New York, that it be recommended to the Chairman of the Work men'e Compensation Board, of the Department of Lebor, and the Legasisture of the State of New York, that the Workmen'e Compensation Law be amended to provide that one-half of the annual license fee paid by said compensation medical bureaus and laboratories, pursuant to Sec. 18C, Subdr 1-C, be paid to the county medical society that has recommended the licensing of such compensation medical bureau or laboratory"

SPEAKER BAUER That resolution is referred to the Reference Committee on New Business A, of which Dr Heliman is Chairman. The Reference Committee is also directed to confer with the Chairman of the Reference Committee on Report of the Council—Part X, dealing with Workmen e Confpensation, of which Dr Leo F Simpson is Chairman

Section 25 (See 05)

Survey of Public Attitude in New York State Toward Compulsory Medical Care Insurance

Dr. John C Bradt Erie This resolution has reference to a survey of public attitude in New York State toward Compulsory Medical Care Insurance

"Whereas, forces and intereste advocating or actively seeking establishment of a compulsory government-operated, medical-care insurance system in New York State habitually place emphasis on their clams that there is an undeniably strong movement throughout the world, nation, and state for compulsory government-centrolled medical-care insurance, that the need for a compulsory health insurance program is evidenced by various national 'polls of public opinion conducted by certain magazines, committees, and organizations, that the public attitude toward compulsory medical care insurance must be gaged from such socialida polls, and that on the basis of such 'public demand socialization of medicine is inovitable, and

Whereas, the medical profession in the State of New York seriously questions, if not sharply challenges, the correctness and validity of the claim that these various polls accurately reflect the attitude of the people of New York State toward the medical profession and the degree to which the idea of socialized medicine has been accepted by the residents of New York State, it being the profession e belief that the people of this State or a vast majority thereof, do not want State medical care provided by bureaucrats and polliterians but desire to purchase their medical security voluntarily under the American system of American modecine, and

"Whereas, an enlightened approach to this

pronounced conflict of views between proponents of compulsory government-controlled medical care and defenders of America's free and progressive medical profession would seem to require that it be determined with certainty not only what the people of New York State are thinking with respect to medicine but what they want and what they do not want in the field of good medical care, the ascertainment of the true state of the collective mind being the basic object, without

elements of guess or gamble, and "WHEREAS, there exists strong reason to believe that by far the greatest number of people, when given a free choice, which they are reported to have been denied in some polls, will select as most destrable a voluntary prepayment plan as against compulsory government-operated medical service for the sick, there also being good reason to beheve that many persons have been swayed into recording themselves for government-run medical care by false and delusive promises and representa-tions by proponents of centralized control of medical service, whereas if all thinking persons would fully comprehend the threats to personal liberty concealed in these bureaucratic schemes, they would take a firm stand for continuance of

"WHEREAS, it is vital and important that the things that lead people to form wrong opinions be corrected, studies in some states having disclosed that three out of four persons never have heard of the voluntary, nonprofit, prepayment medicalsurgical service programs sponsored by the medical profession, this lack of familiarity with the physicians' own plans which offer the sound alternative to mandatory government health insurance constituting a calamitous situation, which would, however, be rectified to a marked extent by personal interviews by trained research workers,

the American system of the best possible medical

care under free enterprise, and

now, therefore, be it "Resolved, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, appoint a Special Committee to determine upon and formulate plans for the conduct at the earliest possible date of a survey of public opinion in New York State toward the medical profession and compulsory, government-run medical-care in urance, such survey to embrace a representative cross-section of the population of the state who shall be contacted by trained investigators or research workers employed by a company of national standing utilizing the standard scientific 'sampling' method of personal interviews and a comprehensive questionnaire form devised in collaboration with said

Special Committee, and be it further

"Resolved, that said survey be sponsored financially by the Medical Society of the State of New York, the cost to be an expenditure from the general funds of the State Society, it being the judgment of the House of Delegates that the price paid for such a study would be an excellent investment in combating the threat of governmentcontrolled medicine because it would (1) Obtain an accurate reflection of the existing public attitude throughout the State, which attitude, we believe, decisively favors a voluntary prepayment plan when the people know there is a choice, (2) Enable medic e to bring home to 'on-the-fence' persons the difference between the medical millenium many think socialized medicine would bring them, and the sad and disappointing realityslump to the low and indifferent standards of

medical care current to those countries saddled with state medicine, (3) Furnish and arm the medical profession in this key state with indisputable facts and information to be utilized by its spokesmen in establishing the fallacy and unsoundness of compulsory government-dominated health insurance as sought by any group or official body including the New York State Commission on Medical Care, which at hearings and in other ways has plainly disclosed to medicine its desire and its intention to offer a bill in the next Legislature setting up in New York State a compulsory, taxpaid health insurance system, (4) Spur the medical profession in this state to cooperate more wholeheartedly in the several existing voluntary medical-care programs to the end they be made so widespread in coverage and so attractive that government control and management will be clearly unnecessary to the vast majority of citi-

SPEAKER BAUER This resolution is referred to the Reference Committee on New Business C, of which Dr Monteith is Chairman

Section 26 (See 96)

Opposition of the State Medical Society to Establishment of Any Form of Government-Operated Compulsory Medical Care Insurance in the State of New York

Dr. Harry C Guess, Erre Mr Speaker and Members of the House of Delegates, this resolution was brought to the floor of the Mcdical Society of Erie County, discussed, and passed unanimously by that organization It has to do with seeking the opposition of the State Medical Society to the establishment of any form of government-operated compulsory medical-care insurance in the State of New York

"WHEREAS, the first objective of the medical profession in the State of New York is the provi sion of good medical care to every person in the state under a guarantee of professional freedom to both physicians and their patients and preservation of the American system of the private prac-

tice of medicine, and

"WHEREAS, the medical profession in the State of New York intends to promote this objective, recognizing that the accomplishment of the goal of providing the highest quality of medical care is not simple but is one requiring the sincere cooperation of the medical and allied professions, labor, industry, and many other interested groups and individuals, particularly in light of the postwar revision of wage levels and living standards,

and "Whereas, solution of this broad problem does not, and will not, require government interference to control, compulsion, or burdensome taxation, the physicians of New York State, through their voluntary, prepayment, nonprofit medical-care insurance plans having demonstrated their ability to develop programs pertaining to the medical economic security of this State, the same programs being founded on the principle that the care of the public health and the provision of medical service to the sick is primarily a local

responsibility, and WHEREAS, medicine acclaims the growth of voluntary medical care insurance plans in this State under the stimulus of the Central Bureau of Medical Care Insurance created by the Medical Society of the State of New York, to coordinate existing prepaid voluntary medical-care insurance

plans, effect formation of new plans in unserved territory and educate the public, notably those in the lower income brackets, as to the many advantages and availability at a minimum cost of voluntary medical service insurance, in evolving these plans the medical profession of this State

being prompted by a feeling of social responsi-bility in the vital field of medical care, and "VHENDAS the fourteen point program for the extension of improved health and medical care to all the people of the nation, as presented by the physicians of the United States through the American Medical Association, contains the fundamental principles upon which a sound progressive plan for providing good medical care in any state may be established, with proper emphasis on the problem of earing for the indigent sick and these having chronic Illness, for which there are no suitable provisions under existing or proposed compulsory sickness insurance plans in the Legisla-ture of the State of New York, and

Whereas the medical profession in this state recognizes that the establishment of hospitals, laboratories, and other medical facilities in areas not having ade uate provision to meet medical needs meets with general approval as do grants of government and to acctions where need is demonstrated but points out that the needs of these inadequately supplied arons cannot properly be used as a reason for subjecting to state regula-tion the major portion of the State having far more advanced standards and facilities, the areas of higher standards being able to progress better under their own planning than they would under any governmental pattern, and "VI HEBEAS, medicine in this State submits that

voluntary methods of insurance, utilization of existing facilities as far as possible, expansion of existing public-health services, aid to the indigent and impoverished communities preservation of private practice and the principle of local deter mination of need end local control of administration are basic principles of Americanism, and these principles which are the expression of a public-spirated profession devoted to human well are should not be ignored or circumvented, and "Vittingas, though understanding of these

principles by the public and our legislators should pave the way for anthumastic cooperation of the medical profession and other responsible groups in providing the best of medical care to all residents of this State, it has become necessary to protect the public by opposing the substitution of a system of medicine with regimentation of patients and physicians in New York State, such as would destroy the American qualities of medical services that are most important to health, and

WHEREAR, study of government-run compul sory insurance plans in other countries has revealed marked tendencies to loss of the importance of the individuality of the patient and to deteriora tion of the quality of the service political manipu-lation and exploitation for political patronage purposes as well as diversion of insurance funds to various purposes, the entire pattern of such government-dominated systems being contrary to the Intrinsic American principle of personal initia tive and individual effort, and

WHEREAS, there now is before the Legislature of the State of New York the Ives Compulsory Health Insurance Bill for New York State, and medicino is threatened with the introduction at the 1946 Legislative Session of other measures pro-posing compulsory government-operated medicalcare insurance-measures which would create a state-wide network of local administrative hurcaus financed by additional millions taken from the pockets of already harassed taxpayers, measures which would break down the old fashioned physiolan relationship and lower, not raise, the stand ards of medical practice, now therefore be it

"Resolved, that the Medical Society of the State of New York represented at this duly convened meeting of its House of Delegates, is keenly aware of the ultimate consequences of imposing on the people of New 1 ork State a government-controlled compulsory medical-care insurance system and is deeply concerned over existing and impending leg islation to put just such a system into operation in this state but at the same time is prepared to meet the issue of State Medicine vs. Free Medical

Practice, and be it further Resolved, that the Medical Society of the State of New York hereby places itself on record as condemning all attempts to establish to the State of New York any form of compulsory, governmentcontrolled, medical-care insurance and pledges itself its members and its resources to vigorous and uncompromising opposition to any and all bills or other proposals introduced in the New York State Legislature or made the subjects of hearings or conferences, which have for their pur-pose the placement of the licalth and medical service of this State under a State hursqueracy, the medical profession believing it can be entrusted to accomplish all that any state medicine plan could accomplish, and to do it without regimentation of the people and the profession "

SPEAKER BAUER That resolution is referred to the Reference Committee on New Business C, of

which Dr Monteith is Chairman

Section 87 (See 85)

Amendment of Workmen's Compensation Law-Chapter 258, Laws of 1935

Dr. Moses H. Krakow, Bronz. Lake the resolu tion from Eric County which affected counties of a population of less than 1,000 000, we now present a companion resolution which will be effective in counties of a population of over 1 000 000, regarding the Workmen's Compensation Law

WHEREAS, Chapter 258 of the Workmen's Compensation Laws of 1935 empowered all the county medical societies throughout the State to administer the medical provisions of the Compensation Law, and

"Whereas the administration of this law was carried out with complete success by the county medical societies in so far as their jurisdiction

Permitted, and
'Unuseas this law was amended in June 1044 for the alleged purpose of correcting so-called abuses existing in the administration of the county

medical societies; and
'Wheneas this amended law of 1944 wholly
deprived medical societies in counties of a popula tion of over 1,000,000 from participation in the

administration of the law; and "WHEELAS, this amended law of 1944 placed in the hands of a Medical Practice Committee of three the whole administration of the law for countles baving a population of a million or more.

with Medical Practice Committee cannot possibly conduct the volume of work assumed to it as shown by (a) The specific request of the Labor Department that the county societies, deprived by law, assist the Medical Practice Committee in its administration, (b) Complaints by physicians of undue delays in arbitrations and unfair awards in arbitrations, (c) Complaints of delays in the qualifying of physicians, (d) Failure of physicians to obtain competent information from any source at the Labor Department on matters pertaining to the law, therefore be it "Resolved, that the Medical Society of the State

of New York be requested to press for legislation as soon as feasible to reinstate to the medical societies in counties of a population of over 1,000,000 the powers formerly existing under Chapter 258,

Laws of 1935 "

Referred to Reference Com-SPEAKER BAUER mittee on New Business A, of which Dr Hellman is Chairman, with the same provision on that as I gave on the other resolution covering the same subject matter in counties under 1,000,000 population, that the Reference Committee consult with Dr Simpson, the Chairman of the Report of the Council, Part X, pertaining to Workmen's Compensation.

Section 28 (See 102)

Combatment of the Growing Antivivisection Menace

Dr. Harold F R Brown, Erre I have been asked by the Eric County Medical Society to offer the following resolution on an antivivisection law

"WHEREAS, the Medical Society of the State of New York is deeply conscious of the rapidly spreading antivivisection menace, as evidenced by the introduction in the Congress and numerous state legislatures of bills to prohibit the use of live dogs in scientific animal experimentation, the arrest of high officials of Northwestern University at the instigation of publicity-seeking Chicago antivivisectionists, the appearance in certain national periodicals of sensationally-phrased, inflammatory, and outrageously untrue articles against animal research, the current campaign by antivivisection groups to enlist new members in their movement to outlaw by destructive legislative enactments future animal research in our biologic and pathologic laboratories, our medical schools and scientific institutions, as well as by other activities reflecting fanaticism, undue emo-tionalism, false sentimentality, and utter irre-

sponsibility, and "Whereas, the 1945 session of the New York State Legislature was witness to the introduction of two bills to prohibit scientific experimentation by the use of live dogs, one of which measures swept through the State Senate with only nine opposing votes, thus becoming the first bill of its kind ever passed by either branch of the New York State Legislature, this same piece of legislation finally being defeated in the State Assembly after the bitterest of contests between forces of enlightened medical progress and forces of scientific

ignorance and misrepresentation, and "Whereas, defeat of the bill in question must be attributed in the main to the courage and clear thinking of our State Assembly leadership and members, who recognized that the great benefactions of medicine and surgery granted humanity far outweighed the necessary sacrifice of some

lower animals, and "Whereas, those legislators who opposed and brought about the death in Assembly Rules Committee of this pernicious measure, with emphasis on the names of the Hon. Oswald D Heck, Speaker of the Assembly and Rules Committee Chairman, and the members of the Rules Com-

mittee, are to be warmly commended and congratulated for their cooperation with medical science in standing firmly against those who sought to throttle medical research dedicated to the promotion of human health, the alleviation of misery, and the prolongation of human life, and the medical profession of the State of New York hereby acknowledges its debt of gratitude for such splendid assistance, and

"WHEREAS, the self-same antivivisection elements, heartened by their near victory at the last session of the State Legislature, now are preparing, according to well-informed sources, to introduce and press for passage in the coming 1946 session of the New York State Legislature a bill similar to that which almost received the approval of the

1945 Legislature, and

"WHEREAS, the voice of medicine and science, so far as it receives authoritative utterance, is overwhelmingly opposed to legislation, federal, state, or local, which proposes in any way to outlaw, restrict or interfere with animal experimentation and research, which offer the prospect of even greater scientific gains in the future, and

"Whereas, the medical profession believes that a truly intelligent consideration of the facts about animal experimentation can bring but one conclusion—that medical science will perish if animal research is eliminated or curbed, and that to achieve that intelligent consideration by the public is the task confronting medicine and science

in this State, and

"WHEREAS, The Medical Society of the State of New York has noted with high interest and approbation the recent action of the Medical Society of the County of Erie in setting up a Committee for the Defense of Medical Research, composed of twelve Erie County leaders in the fields of medical practice, education, research and science, which committee is dedicated to this triad of (1) A progressive program of education to adequately inform the public as to the truth and facts with respect to scientific animal experimentation by the use of the lower animals, which at no time is cruel, and the great benefits of animal experimentation to mankind, (2) Development of public and legislative opposition to enactments which would hamper or destroy medicine's cease less struggle to conquer disease, (3)\_Combatment on the floor of the New York State Legislature, in cooperation with Erie County and Western New York lawmakers, of any measure that would control, limit, or prohibit the free course of beneficent

scientific inquiry, and
"Whereas, the expanded activities of the antivivisection bloc in many states and the national capital have impelled the Committee for the Promotion and Protection of Animal Experimentation in Biological, Medical, and Dental Research and Teaching, of the Association of American Medical Colleges, to undertake the establishment of a Bureau of Public Relations for the planned education of the American public relative to the value of medical and biologic research, inclusive of animal experimentation, such Bureau to be financed by member institutions and prominent medical institutes, which developments on a nation-wide footing emphasize the need for action on the part of state medical groups to offset the vicious efforts

of the antivivisection elements, and "Whereas, The Medical Society of the State of New York, being gravely concerned over the antimedical crusade being waged by misguided forces in this State and thoroughly aroused over their efforts to deal a devastating blow to medical research and public welfare, is agreed that medicine must prepare at once to meet renewal of the antivivisectionists' drive at the 1946 legislative

session, now, therefore, be lt
"Resolved, that the Medical Society of the State of New York, represented in this duly convened meeting of its House of Delegates, appoint with all convenient speed a special committee to deter mine and formulate, on a state-wide basis an effective educational and defensive program to combat the growing antivivection threat, such program to include a strong recommendation to every county medical society in the State that it establish without delay a local committee for the Defense of Medical Research patterned after the Eric County Medical Society's committee, thus providing a united medical front for the promotion and encouragement of scientific achievement and the defeat of legulative proposals to hamper or cripple medicine s efforts to advance the cause of public bealth."

SPEAKER BAUER Referred to the Reference Committee on New Business B, of which Dr Moore 18 Chairman

Section 29 (See 92)

#### Medical Care

DR. B M. BERNSTEIN, Kings I wish to introduce the following resolution

"WHEREAS, the organised medical profession has always indicated its willingness to confer with any individual or group in the dirating or consideration of legislation affecting medical care, and

"Winners, the earnest desire of the organized profession to cooperate with labor, industry, or with the government in the study of the providing of the best medical care to all the people, has con

austently been ignored, and Whicheas, it is of the utmost importance that the public be informed and convinced of the earnestness of the medical profession to give its all for the care of the sick and the prevention of disease without the necessity for the interference of an 'outside agency, be it

"Resolved, that the organized medical profession

reaffirms lts readiness and willingness to cooperate with all agencies in the discussion and study of

plans and measures proposed for complete medical care for all of our people, and be it further 'Resolved, that the Medical Society of the State of New York stands ready to cooperate in a statewido conference of labor, industry, social agencies, government, and medicine for such a discussion.

and be it further

"Resolved, that the House of Delegates of the A.M.A., likewise be urged to reaffirm its willing ness to cooperate in a similar National Conference of labor, industry social agencies, covernment, and medicine in order to reach a meeting of minds in a discussion as to the best methods and measures, procedure, and plans which can be evolved to provide for all of our people the best possible medical care, without regard to economic status or

geographic location, and be it further

Resolved, that all possible publicity be given to
this resolution and that all concerned individuals be fully informed, and urged that such anticipated conferences be called at an early date.'

SPEAKER BAUER Referred to the Reference Committee on New Business C of which Dr Mon teith is Chairman

Section 30 (See 106-105)

Remission of Dues (County of Monroe) Dr. Leo F Simpson Monroe This is introduced at the request of the Medical Society of the County

of Monroe "WHEREAS, many of our colleagues, members of the Medical Society of the County of Monroe, have given their services to their government dur

ing the present World War, and "WHEREAS, this separation from civilian life has resulted in a change from a civil to a regimented

military life, and

"Whereas, many of our members now serving in the Armed Forces will have difficulty in resum ing civil practice and many will wish to enter noon postgraduate work for varying periods, therefore be it

'Resolved, that the Medical Society of the County of Monroe remit the dues of all of those members returning from the armed forces for a

period of months, or years, equivalent to that served in the armed forces, and further be it "Resolved, that the Medical Society of the County of Monroe petition the Medical Society of the State of New York to remit the state assessment for these members for a similar period."

SPEAKER BAUER This is referred to the Refer ence Committee on New Business B, of which Dr Moore is Chairman.

Section 31 (Sec 90)

War Memorial Fund

DR. EUGEND H. Coon, Nassau. This resolution is read at the request of the Executive Committee of the Nassau County Medical Society

"Whereas, some five thousand one hundred and more members of the Medical Society of the State of New York have entered the services of our country, and

"WHEREAS, certain of these members have

made the supreme sacrifice, and "WHERDAS it is only fitting, and we believe the members would deem it a privilege, to establish a suitable memorial in their honor, and "Whereas, there can be little doubt that the

advanced education of the children of these gold star members, a project dear to the heart of any professional father, will entail great sacrifice or be impossible to achieve, be it therefore

Resolved, that the House of Delegates of the

Medical Society of the State of New York requests the Board of Trustoes to establish a fund for the ndvanced education of the children of our col leagues who have died in the service of our coun

try, and be it further "Resolved that said fund may be raised by a small increase in dues or an annual levy over a period of years, for example one dollar per year for ton years, in order that each member may have a part in the memorial."

SPEAKER BAUER Referred to the Reference Committee on New Business C, of which Dr Monteith is Chairman.

Section 32 (See 87)

Principles of Professional Conduct

DR. HAROLD B DAVIDSON, New York This is being proposed by me, and is seconded by Dr Andrew Eggston, of Westchester County This is

WHEREAS the Principles of Professional Con-

duct' of the Medical Society of the State of New York fails to specify precisely what may properly bo stated in the advertisement or announcement of a book, article, or other publication written by a doctor for the lasty, therefore be it

"Resolved, that a special committee be appointed to study this problem and formulate such necessary amendments as the Committee deems advis-

able.

SPEAKER BAUER Referred to Reference Committee on New Business A, of which Dr Hellman is

Section 33 (See 77)

Separation of Professional Service Fee From Hospital Insurance

DR. STEPHEN H CURTIS, Section Delegate introducing this resolution at the request of the Section on Pathology It covers the separation of professional service fees from hospital insurance

"WHEREAS, 'The Practice of Medicine' as defined in the Education Law clearly includes the practice of pathology, radiology, anesthesiology,

and physical therapy, and
"Whereas, amendment of the Labor Law by recommendation of the Stichman-Moreland Commission gave further legislative action affirming such characterization of these branches of medi-

"Whereas, Article IX-C of the Insurance Law specifically provides that no corporation shall furnish both hospital service and medical expense in-

demnity insurance, and "Whereas, The Medical Society of the State of New York, by action of its House of Delegates, has defined the distinction between hospital service

and the practice of medicine, and "WHEREAS, the physician members of the governing boards of United Medical Service, Inc., and the affiliated Associated Hospital Service of New York are publicly indicated as representatives of

organized medical societies, and "Whereas, an agreement, at a conference between representatives of organized medicine and the Executive Committee of United Medical Service, Inc Board, was later affirmed in a resolution adopted by the United Medical Service, Inc. Board, that at the expiration of six months Associated Hospital Service of New York would provide a companion hospital service contract to be issued in combination with the new United Medical Service, Inc. General Medical Expense Indemnity contract, and

"WHEREAS, this agreement reached between representatives of medicine and the United Medical Service, Inc Board has not been officially accepted or otherwise recognized by the Board of Directors of the Associated Hospital Service of

New York, now, therefore, be it "Resolved, that the Medical Society of the State of New York, by action of the House of Delegates, notify both United Medical Service, Inc. and Associated Hospital Service of New York that the physicians serving on their Board shall fulfill their duties as directed and agreed upon with repre-sentatives of organized medicine, and be it further "Resolved, that no member of this Society shall

continue to serve on a Board of Directors which fails to recognize and abide by the explicit terms of the laws relating to the practice of medicine, tho administration of nonprofit hospital service and medical-expense insurance, and the official definition of the Medical Society of the State of New

York relating to the distinction between hospital service and the practice of medicine, and be it further

"Resolved, that a copy of this resolution be published for the information of the members of this Medical Society and that a copy of this resolution be mailed to each physician who is now a director of United Medical Service, Inc. and of the Associated Hospital Service of New York, to Mr Louis H Pink, President of Associated Hospital Service of New York, and to the Secretary of the Medical Society of the State of New York, and to each of the seventeen county medical secreties within the territory of United Medical Service, Inc., to the President of the New York State Hospital Association, Mr John F McCormack, and to Mr Robert F Dineen, Superintendent of Insurance"

SPEAKER BAUER Inasmuch as the subject matter of this resolution is covered in the report of the Planning Committee, this resolution will be referred to the Reference Committee on the Report of the Planning Committee, Dr Di Natale, Chairman

(See 100) Section 34

Transfer of Health Services from the Children's Bureau to the U S Public Health Service

Dr. Oliver W H MITCHELL Mr Speaker and Members of the House of Delegates, this resolution is submitted by the Council Committee on Public Health and Education and the Subcommittees on Maternal and Child Welfare

"WHEREAS, the US Public Health Service is the official agency of the Federal government primarily responsible for the prevention of disease and the protection of the public health, and "Whereas, the US Public Health Service car-

ries on these activities through the State Departments of Health and other state agencies in the

field of Public Health, and

"WHEREAS, the health services for mothers and children now conducted by the Children's Bureau of the Department of Labor parallel and in many instances overlap the responsibilities of the Public Health Service and require duplication of district facilities and personnel and a confusing duplication of federal relationship with State Health Departments and other State agencies in the field

of public health, and
"Whereas, it would be more logical, effective and more economic to have all public health responsibilities concentrated in one federal agency and establish one direct channel of relationship

with State Health Departments, therefore he it "Resolved, that the House of Delegates of the Medical Society of the State of New York hereby memorializes the House of Delegates of the A M A to petition the Congress and the President of the United States to transfer the personnel, facilities, and budget of the Children's Burcau frem the Department of Labor to the US Public Health Service'

SPEAKER BAUER Referred to the Reference Committee on New Business B, of which Dr Moore 18 Chairman

Section 35 (See 98)

Discontinuance of the Drafting of Professional Students

This resolution per-Dr. John D Naples, Erre tains to the discontinuance of the drafting of professional students

"WHEREAS, the madequacy of our national

medical resources, which became acutely evident during World War II threatens to become a chronic situation unless prompt and effective steps are taken to solve the problem, keeping in mind that the war has multiplied the medical responsihilltles of the nation, and

"Whereas, the supply of physicians is not great enough numerically, in the judgment of competent observers, to provide for a high standard of medical care for both civilian and government require-

ments, and

WHEREAS, one of the reasons for this condition was the unfortunate policy of Selective Service in refusing to defer prospective medical students which is bound to result for many years to come in a decrease in the usual annual increment of physicians, military policies also having curtailed the training of specialists during the war, and

Whereas, there is little doubt in any physician's mind that the present federal policies will hring about a critical condition in meeting civilian

and other medical needs in the years to come, and "WHEREAS the Council on Medical Education and Hospitals of the American Medical Association has repeatedly urged the necessity for changes in the policies of governmental agencies, notably the Selective Service System, having to do with the education of premedical students and the House of Delegates of the American Medical Association took official cognizance of the seriousness of this problem, and

'WHEREAS, the medical profession is being depleted by about four thousand deaths and an un-known number of retirements annually which placed alongade the constant withdrawal by Selecture Service of premedical students from their studies will add up to a very serious situation, If not the greatest deficit of medical men in history unless a continuous flow of medical-student gradua

tions is maintained annually, and "Wheneas, similar alarm is registered by the professions of dentistry law pharmacy, engineering, nursing, and other highly skilled pursuits likewise those concerned with the various sciences,

now, therefore be it

'Resolved that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, goes on record as strongly favoring the immediate discontinuance of the drafting of all persons engaged in studies preparatory to practice of any of the recognized professions or engagement in any scientific occupa-tions, and that the War and Navy departments and the Selective Service System be and they heroby are urred and petitioned to remove this menaco to professional education and professional standards by ceasing the drafting of all such students." SPEALER BAUER Referred to the Reference

Committee on New Business B of which Dr Moore is Chairman,

Section \$6 (See 105)

Remission of State Society Dues to Discharged Medical Officers

DR. JOHN D NATLES, Eric. This concerns the remission of State Society dues to discharged medical officers for a twelve-month period following retirement from service, and is similar to the resolution introduced by Dr Simpson for Monroe County.

WHEREAS, thousands of members of the Medical Society of the State of New York left their homes and practices to serve with the armed forces all over the globe in World War II which recently ended and

Whereas many of these medical officers have been discharged from military service and many others now are returning or will sometime return, to New York State to re-establish themselves, and Wheneas, it is recognized that a large propor

tion of these returned medical officers will face financial and economic problems in connection with their adjustment to civilian life, and

"WHEREAS the Council of the Medical Society of the State of New York more than a year ago adopted the following procedure with respect to remission of dues of members duscharged from the A member discharged from armed services the Armed Forces after more than sixty days of service, shall have his dues remitted for the calendar year in which he was discharged regardless of the month, however unless he has served a total of at least fourteen months he shall not be entitled

WHEREAS, a considerable number of members of the Medical Society of the State of New York feel that the present policy and procedure could well be liberalized to accord to the returned medical society. cal officer an even creater measure of financial cooperation and a fuller expression of good will, now,

to remission of more than one years, dues, and

therefore boit

Resolved, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, hereby goes on record as favoring and proposing that the existing procedure be revised and liberalized to provide for remission by the State Society of its portion of dues for a full twelve months period to every member-medical officer after and from the date of his retirement or discharge from the armed services, and that all county socioties be requested to pur sue the same method.

SPEAKER BAUER That will be referred to the same Reference Committee on New Business that received the other resolution, B of which Dr Moore

15 Chairman,

Section 37 (See 80)

Restoration of Prewar Four-Year Education Course for Medical Students and Discontinuance of Nine-Nine-Nine Months' System

DR. NELSON W STROHL Eris. Mr Speaker and Members of the House of Delegates, I have a resolu tion which has been unanimously adopted by the Medical Society of the County of Eric in regard to the restoration of prewar four-year education course for medical students and discontinuance of the nine-nine-nine months' system

"Wheneve, medical education and training have attained an unequaled standard of excellence in medical colleges and schools conducted in the State of New York, which high standard the medical profession of this state is keenly anxious

shall be maintained, and

Whereas for the efficient training of a modical student it is occessary in the judgment of the State Department of Education and the medical profession, that he shall have satisfactorily completed four courses of at least eight months each in a medical school registered as maintaining at the time a standard satisfactory to the State Department of Education, and

Whiteras, a majority of the medical schools and colleges of New York State, because of the national emergency adopted an accelerated war time teaching program whereby the regular reguirements for the M D degree are completed in three calendar years, which accelerated program policy still is in force notwithstanding the fact that

the war has terminated, and

"WHEREAS, in the opinion of the medical profession of New York State, as well as the responsible heads of the medical colleges and schools of this State, it would be in the best interests of the people of this State, if the prewar, full four-year period of study and training for student-candidates for the M D degree were restored at the earliest possible date, there being no sound reason, so far as medicine has any knowledge, for the indefinite continuance of the accelerated program policy, and

"WHEREAS, because of the national emergency, now concluded, there also was established a system, which still is in force, whereby every graduate in medicine in the State of New York usually serves a nine months' internship, in place of the prewar period of one full year's internship, tho same abbreviated nine months' service policy applying to the periods of service as assistant resident physician and resident physician in a hospital, the whole being denominated the nine-nine-

nine months' program, and

"Whereas, a number of valid reasons are advanced for the discontinuance of the accelerated nine months' internship program and restoration of the full year's internship policy, among these reasons being that (1) The nine months' internship does not provide the new graduate in medicine with sufficient training to equip him to take up an assistant residency or residency, (2) Some medical graduates in the past have been prone to take only a one year's internship, which in itself is generally regarded as too short a training period, whereas reduction of the regular full year's period to nine months provides a wholly inadequate training period, (3) The resident or assistant resident who has had only nine months' preparation under these circumstances becomes an inadequately prepared candidate for future specialist training, (4) The nine months' internship policy and the restriction as to numbers reduces the number of interns allowed for each hospital, imposing too heavy a duty load on the interns in these civilian institutions and denying patients that high quality of professional care from the house staff which they were assured when the hos-pital boasted a complete staff and every graduate remained for a minimum of one full year,

"Now, therefore, be it

"Resolved, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, hereby goes on record as strongly favoring and urging the termination of the accelerated three-year teaching program for medical students in the medical colleges and schools of New York State and the country at large at the conclusion of the academic year beginning October 1, 1945, and that the so-called ninenine-nine months' program be discontinued at the earliest possible date in favor of restoration of the full year's training period, or more, for an internship, for an assistant residency, and for a residency, such return to prewar medical educational policies being recognized as necessary to the preservation of the high standard of medical education in the state's and nation's medical colleges and schools and in the public interest, and be it

"Resolved, that the government of the United States, through its appropriate agencies and officers, be, and it hereby is, respectfully memorialized to take the necessary steps to effectuate the foregoing recommendations"

SPEAKER BAUER Referred to the Reference Committee on New Business A, of which Dr Hellman is Chairman

Section 38 (Sec 104)

Early Release of Doctors from Armed Services

Dr. John T Donovan, Erie Erie County would like to present this resolution on the early release of doctors from the armed services

"Whereas, the medical profession of the United States as a body, as well as all of the citizens of our country, have just reason to be proud of the achievements of the Medical Corps of all branches of the armed forces in World War II, their skilled services having greatly reduced battle fatalities and enhanced military morale, contributing materially to the ultimate victory which was the portion of the Allied Nations and writing another shining chapter in the history of American medi-

cine, and
"Whereas, the upwards of sixty thousand American physicians  $\pi$  ho responded to the call of their country in the greatest struggle in which our nation ever has been engaged nobly left their homes and occupations, in many cases at a large personal sacrifice which never can be adequately compensated by a grateful people, to serve bravely

and well in farflung war areas, and "Whereas, the end of World War II has brought a swelling demand from medical organizations, industry, labor, members of Congress, the press, from doctors themselves in uniform, and above all from the civilian public to whom medicinc on es its heaviest responsibility, for the speedy release of the greatest number possible of physicians in the armed services, in the national inter-

est, and
"WHEREAS, the medical profession feels that it has discharged its obligation in the emergency the armed forces were required to face and seeks the same sympathetic consideration for its colleagues in uniform as will be accorded other servicemen in Army, Navy, Marines, and Coast Guard, to wit, that the reduction of the number of medical officers in the service be in the same proportion as

that of line personnel, and "Whereas, while the medical profession is fully aware that during the next few months problems of care, evacuation, and disposition of the wounded and sick still coming from overseas as well as the task of general demobilization will require the continued services of doctors, for the performance of which vital functions medicine definitely favors the provision of a sufficient number of trained physicians, it nevertheless is deeply concerned over the possibility of arbitrary retention in the armed forces of a huge surplus of doctors unnecessary to military demands and detrimental to civilian population welfare, and

"WHEREAS, more and more medical officers, in letters received by state and county societies from individuals and groups, reflect concern over the feeling that the several Medical Corps have large numbers of doctors who could be released at once to return to civilian practice, particularly in communities where need for returning medical officers is acute and in which thousands anxiously await the homecoming of their own family doctor, and

WHEREAS, the medical profession has read the statement that physicians will be discharged from military service on a point system similar to that covering the servicemen whom they have treated, and likewise has noted with interest the more recent announcement that some thirteen thousand physicians of the Army Medical Department only will be returned to civilian life by the end of 1945 but it believes and holds that the system of release should be at once revised and liberalized to embrace all branches of the Armed Service, and

"WHEREAS the Medical Society of the State of New York like the American Medical Association well realizes it has the power merely to recommend the elimination of further delays in freeing to civilian practice the reputed surplus of doctors in military service, but hastens to point out that failure to facilitate in every possible way the discharge of medical officers would constitute a grave mjustice to the public and unfair treatment of both the service dector who placed devotion to country above all personal considerations and the homefront physician who has been taxing his strength, now, therefore, be it
"Resolved that the Medical Society of the State

of New York, represented at this duly convened meeting of its House of Delegates, hereby earn estly urges and petitions the Government of the United States, through its proper and appropriate Federal departments and officers, to bring about the effective accomplishment of the foregoing objects, namely, the honorable discharge and re-turn of all medical officers to private practice as soon as military necessity will permit.

SPEAKER BAUER Referred to Reference Com mittee on New Business B of which Dr Moore is

Chairman.

Section 39 (Sec 95)

Proposed Pepper Bill, S 1518 (E M.I.C. Program)

Dr. Stanler E. Aldrison, Albany This is a resolution unanimously passed by the County Society of Albany last month. It relates to the Pepper Bill, S 1818 which proposes legislation to extend the benefits under the E.M.I.C program which now applies to the wives and children of servicemen, to apply to the health and welfare of mothers and children and for services to crippled children throughout the nation. For the purposes of this legislation children are construed to be all those under twenty-one years of age

"Whereas there has been introduced in the Senate of the United States by Mr Pepper, Mr Walsh, et al., a bill entitled A hill to provide for the general welfare by enabling the several states to make more adequate provision for the health and welfare of mothers and children and for serv ices to crippled children, and for other purposes',

"Whereas, a companion hill has been intro-duced in the House of Representatives by Mr Kelley of Pennsylvania and

"WHEREAS, said hills provide for the extension of the E.M I C program to the entire population of the several states and possessions of the United States, plus additional provisions for disabled

children etc, and

"Whereas said hills will eventually defeat the purpose for which they presumably were intro-duced, that is, 'to make more adequate provision for the health and welfare of mothers and children', first by raising maternal mortality and infant morbidity through reducing attendance at prenatal and well baby clinics to such a degree that teaching material will be so curtailed that

the adequate training of our medical students and the resident staffs of our hospitals will be impossible, second, by discouraging young men and women from study in the fields of obstetrics and pediatrics, and

"Wherman, such legislation will eventually epread to all fields of medicine, "Be it resolved" (1) That the Medical Society of the County of Albany, New York, hereby resolved (1) the supersystem of the County of Albany, New York, hereby resolved to the Albany of the Statement (1) and the supersystem of the Statement (1) and the supersystem of the Statement (1) and the Stat cords itself as being opposed to the aforementioned bills, (2) That our delegates to the meeting of the House of Delegates of the Medical Society of the State of New York, to be held in Buffalo early next month, be instructed to present this resolution to the House of Delegates and to use their energies in securing favorable action upon the sentiments expressed herein. (3) That our delegates be instructed to urge the House of Delegates to appoint a special committee to study the bills, to understand the ultimate consequences to the medical profession and the general public, and to appear before the appropriate Congressional Committees in opposition to the proposed legislation."

SPEAKER BAUER Referred to the Reference Committee on New Business C, of which Dr Mon-

teith is Chairman.

Section 40 (See 85)

Minimum Wage Law Dr. B M Beanstein, Kings Taking a cue from the excellent address made by Dr. Cunnifie, I wish to introduce the following resolution

"WHEREAS, the House of Delegates agree fully with the sentiment expressed by Dr Cunniffe, President of our State Society, in regard to the necessity for medicine showing its attitude on matters concerning economic welfare of our peo-

ple, be it "Resolved that the House of Delegates of the Medical Society of the State of New York in convention assembled advocate that the minimum wage to be granted by industry to labor be high enough to permit the worker to be, and remain, an independent individual, able economically and willing to pay his or her way in the purchase of all the necessities of life, and be it further

Resolved, that the Secretary of Labor and the appropriate committees of the Congress of the United States and the national officers of all labor organizations and the U.S. Chamber of Commerce and the National Association of Manufacturers be informed of the contents of this resolution, and be it further

"Resolved, that the House of Delegates of the American Medical Association be urged to adopt a similar resolution and to follow similar action in regard to its publicity"

SPEAKER BAUER Referred to the Reference Committee on New Business A, of which Dr. Hellman is Chairman.

Are there any further resolutions?

(There was no response.)

SPEAKER BAUER. Those of you who have resolutions will have an opportunity to introduce them this afternoon. I will ask you please to try to get them in this afternoon. The men who are from out of town have requested that we try to finish our busi-ness by 2 30 o clock tomorrow afternoon, so they can get a train. I promised to do so if it was physically possible, but to do that I will need your coperation. If you have resolutions, get them in this alternoon. That will give the committees a chance to work on them tonight, whereas if they are introduced tomorrow morning it may be necessary to push them over until the afternoon session, and I would rather have as little business deferred until the afternoon session as possible, in order to facilitate an early adjournment and to have as many delegates present as we can to act upon all business before the House

We have one very important matter to take up before the House It is an appeal from the decision of the Board of Censors You have had a rather strenuous morning, so wo will now give you three minutes in which to stretch, but please don't leave the room because we will reassemble promptly at

the end of that time

(Recess)

Section 41

Condolences to Be Sent to Dr Charles M Allaben

SECRETARY ANDERTON Mr Speaker, late last evening word was received that the wife of a member of the Council, Dr Charles M Allaben, has died Therefore, your Secretary took the liberty of sending the following telegram

"Dr Charles M Allaben, 114 Murray Street, Binghamton, New York

Officers and councillors express deep sympathy of Medical Society of State of New York to you and yours in this bereavement

W P ANDERTON, Secretary,

Medical Society of the State of New York"

Arrangements were made through the courtesy of Dr Diekson to have some flowers sent with an expression of sympathy of the House of Delegates

May I request, Mr Speaker, that the House approve this action and expense on my part?

Dr. Harold B Davidson I so move Dr. James F Rooney I second the motion.

There being no discussion, the motion was put to a vote, and was unanimously adopted

Section 48 (See 18-49)

Appeal of Dr Joseph F Montague From Decision of Board of Censors of the Medical Society of the State of New York

Speaker Bauer May I ask if Dr Joseph F Montague is here?

DR JOSEPH F MONTAGUE Yes, he is Speaker Bauer And your counsel? DR MONTAGUE I have no counsel.

SPEAKER BAUER You wish your appeal to be

heard without your counsel present?

DR. MONTAGUE Yes
SPEAKER BAUER Under the provisions of the bylaws a person who has been disciplined by a county
society may appeal to the Board of Censors If he
is not satisfied with that decision, he may then appeal to the House of Delegates

Under date of July 5, 1944, the Medical Society of the State of New York received the following letter from Samuel R. Gerstein, attorney and counselor at

law, which I will read

"Medical Society of the State of New York 292 Madison Avenue

New York, New York

Dear Sirs

Dr Joseph F Montague, a member of the Medical Society of the County of New York, by Samuel R. Gerstein, his attorney, hereby appeals from a decision, and every part thereof, made by the Board of Censors of the Medical Society of the State of New York, which decision is undated and

copy of this is annexed hereto

The grounds upon which such appeal is hereby taken is that there was error in finding that Dr Joseph F Montague in any way breached Article 4, Chapter VIII of the Bylaws of the Medical Society of the County of New York, or any of the Bylaws of the Medical Society of the State of New York, and that Dr Joseph F Montague did not commit in any way any act which might unfavorably affect the character, dignity, or interests of the Medical Profession, that Dr Joseph F Montague did not commit any act which might subject him to discipline, that the decision of the County of New York, affirmed by the Board of Censors, was an abuse of discretion

Dr Joseph F Montague desires to be present in person and represented by counsel, and Samuel R. Gerstein of 52 William Street, New York City, is

hereby designated as his counsel

Yours very truly,

Samuel R. Gerstein

That was duly acknowledged, and due to the delay in the meeting of the House of Delegates this matter, of course, has had to be postponed, and it now comes before us

In order that there might be a full and informal discussion of this, the Speaker referred the matter to a Reference Committee, of which Dr Masterson is Chairman, and Dr Montague was invited to appear

before it, if he so desired, which he did

That Reference Committee held sessions yesterday In addition, all the transcript of the testimony taken before the county society and the Board of Censors has been mimeographed and sent to every member of the House of Delegates before he came to this meeting, so you had an opportunity to become familiar with the whole situation.

The matter before us now is this appeal, and I will call on Dr. Masterson, Chairman of the Reference

Committee, to make his report

DR. HOMER J KNICKERBOCKER, District Delegate I move we go into executivo session, and that the room be cleared of all but delegates, except, of course,

Dr Montague and his counsel.

SPEAKER BAUER Dr Montague was given the opportunity of having this in an executive or open session, and ho replied that he preferred to have it in an open session However, if Dr Montague wishes an executive session now I would be very glad to direct it

Dr. Montague Am I being directed to absent

myself from this room?

SPEAKER BAUER No, you would be present.

DR. ALFRED M HELLMAN, New York That the room be cleared of all but delegates except you and your attorney, it was stated

Speaker Bauer Naturally, you would remain. Dr. Montague I don't understand the ques-

tion then.

Speaker Bauer If the House went into executive session, it would take out the press, and it would take out those who were not voting members of the House of Delegates except some of the members of the official family

DR. MONTAGUE I respectfully request that it be

an open session
SPEAKER BAUER Dr Montague has the right to
claim an open session, and it will be an open session

We will now hear the report of the Reference Committee

DR JOHN J MASTERSON, Kings I met Dr Bauer

In the lobby last night, and I did not know whether I should shake his hand or ignore him for appointing me as Chairman of this particular Reference Committee. Belonging to the particular branch of medicine that I do I suppose he thought I might be able to see through this thing (1 ou will please note that I have not told you what that branch is, and that I have not mentioned anything about specialists or specialties because those words are in had repute.)

However, when this thing was referred to the House of Delegates, it was the duty of the Speaker to appoint a committee to review the matter and I wish to state that when Dr Bauer asked me to become a member of this committee I very gladly assented because somebody had to do the work.

All of you have a copy of the record, so there is no use of my going into the matter and giving you a long dissertation The hour is late, you all know the facts, so I will proceed with the report of your

Reference Committee, which is as follows

The matter considered in the appeal of Dr Joseph F Montague to the House of Delegates of the Medical Society of the State of New York from the decision of the Board of Censors of the Medical Society of the State of New York June 1, 1944, affirming the action of the Medical Society of the County of New York on February 17 1944 in suspending Dr Montague from the rights and privileges of member ship in the Medical Society of the County of New I ork for a period of one year

Your reference committee bas carefully considered the entire record of the proceedings submitted to us and the members of the House of Delegates. At our preliminary hearing beld in Buffalo on the ovening of October 7, 1945 Dr Montague was present, et the invitation of the Speaker of the House. We have gone into every aspect of the case with its many ramifications and have no desire to burden you with a lengthy discourse of our prolonged discussion and study of the evidence and the exhibits submitted.

We are of the upinion that the violation of Section 31(A) of the Principles of Professional Conduct of the Medical Society of the State of New York was not intentional on the part of Dr Montague. Dr Montegue has agreed to submit all present and future advertisements of his publications for the consideration of the appropriate committee of his County Society We, therefore, recommend as follows

That the determination of the Board of Consors of the Medical Society of the County of New York affirmed by the Board of Censors of the Medical Society of the State of New York, he medified as follows that the sentence of suspension imposed be set ande, and that in lieu thereof the sentence be

changed to consure without any further penalty.

This report is signed by Herbert E. Wells, J.

Henry, O J McKendree Joseph D Hallinan, and John J Masterson, Chalrman I move, Mr Speaker, the adoption of our recommendation.

ndation.
Dr. Kirby Dwight I would like to seems ......
Preserver Bauer Dr Montague, you have the privilege of the floor

Mr Chairman and Gentlemen. DR. MONTAGUE I have prepared an appeal, and I would like to have

the privilege of reading it.

SPEAKER BAUER You have that privilege.

DR. MONTAGUE I esteem very highly the privilege of appearing before you as one of the last courts of appeal, within the Society, in the matter of a charge brought against me in the New York County Medical Society to the effect that I violated professional ethics by permitting the publication of a certain advertisement of one of my books.

First lot me say that I shall be most brief—as brief as is possible, considering the importance of this issue both to myself and to all authors of medical books and to the profession itself. I understand that the documentary evidence is in your hands for such perusal as you require. I shall not burden you with the details but will point out the chief points involved.

Now the case in point is as follows During my twenty-eight years as a medical practitioner, I have been a member of the Medical Society of the County of New York, and during these years have exclusively specialized in diseases and disorders of the gastrointestinal tract. During this time I have written several books. My latest health book for the latty was written recently. The publishers of this book being impressed with its merits and being desirous of selling what they thought was a worth while book, proceeded to have an advertisement written describing the fact that the book existed, that it dealt with certain ailments, that it was written by a person who was well qualified to write such a book, and further, that some of those who had read the book had said such and such about it, and, finally that the book could be obtained by filling out a customary mail order coupon. This advertisement was submitted to me for approval as to the medical facts contained therein. On looking it over, I decided that there was nothing untrue in the advertisement, that it made no false or extravagant claims, and thet it was in accordance with the pattern of advertisements customanly used to promote the sale of popular health books. Finally, I viewed it as a book ad vertisement and not as an act of self-aggrandizement. Moreover, it followed essentially the same pattern as did an advertisement of one of my provious books which advertisement was accepted and published by the A.M.A. publication, Hygera, a popular bealth marazine.

The advertisement under criticism had been prepared for the publishers by the firm of Schwab & Beatty who are advertising specialists in the writing of bealth book advertisements, and this firm is beyoud repreach in that particular field. Further the fact that the New York Times, a paper noted for its digmty and conservative attitude, had accepted the advertisement made me feel that my judgment was correct, especially since it is my understanding that the New York Times is guided in the selection of its health book advertisements by the New York County Medical Somety

All this, of course, was stated to the Board of Censors and later to the Comitia Minora of the New York County Medical Society At these hearings I denied any thought of this advertisement's being considered an instrument of self-aggrandizement and freely expressed my willingness to submit all future advertisements which came to me for approval directly to the Committee on Publicity concerning whose existence I was not hitherto aware. Appar ently, our colleague, Dr Crohn, and some other medical anthors were equally unaware of its exist-

After the hearing had, to all eppearances, ended and I was under the impression that I was to recard the proceeding as a warning against such action in the inture, a colloquy ensued in which I prosumed to set forth my ideas as to bow the Censors could better obtain the cooperation of medical authors. I realize now that my forthrightness in speech offended some of the gentlemen of the Board, although I assure you no offense was intended. However, the resentment

which was noticeable at that very moment was evidenced by the fact that the Committee gave no warning but peremptorily decided that by permitting the advertisement to refer to me as a well-known specialist, I was guilty of a violation of medical ethics and they decided on the penalty of one year's suspension of privileges. An appeal to the State Medical Society, protesting such unreasonable distortion of the facts, was of no avail, and a conclusion adverse to me was reached by the New York State Board of Censors. However, I still appeal for exoneration, since I do not consider their position tenable nor a violation proven

I would like to have you search deep in your minds for the reason why I should appeal As a result of the verdiot, if confirmed by you, I am to be penalized for this alleged violation and the penalty is to consist in a suspension of privileges of membership in the county medical society for a period of one year This will deprive me of the privilege of receiving the publications of the Society, of my voting privilege, and of the privilege of participating in the group insurance I am not persisting in my appeal and in my determination to carry the fight on and on merely because of the threatened loss of these privi-I am persisting in my appeal because I feel that the integrity of this Society, of which I am a member, is being placed in jeopardy—that its stand-ing as a body of honorable, fair-minded, and emo-tionally mature professional men is being imperiled by the arbitrary act of a few men who have resented my critical but well-intentioned remarks previously I feel that I am fighting a battle for all authors who happened to be members of the Medical Society and that it is a fight for that freedom of speech guaranteed me by the Constitution of the United States and not forsworn by me or any other author that I know of by mere membership in the

Society They say I have violated ethics, and one is reminded of the Essays of Bacon, in which appears, "What is truth?' said jesting Pilate, and did not stay for an answer" I shall ask you, gentlemen, representing the profession—What are ethics? further, I shall give you the answer Both ethics and morals are commonly defined and accepted as being a manner of conduct based on custom In the mstance of my alleged violation of ethics I have attempted, but have not been permitted, to offer in evidence great numbers of exhibits which constitute proof that it is a contemporaneous as well as a recent custom to refer to the author of a health book as being particularly qualified in his particular field I am accused of violating ethics by permitting a publishing firm to refer to me as a well-known specialist Still, custom in such matters and present-day usage are entirely in accord with the act which would make it conform to any commonly accepted definition of I offered in evidence the advertisement of Dr Crohn's book, but this was deemed immaterial. I also offered to submit a great many other similar advertisements, but they were deemed irrelevant Yet these constitute tangible evidence of those existing customs which constitute ethics therefore, counsel for the county medical society attempts blithely to brush aside the exhibits as being irrelevant or inadmissible, I emphatically protest against any such star-chamber procedure and insist that if Webster's and other leading dictionaries are correct in stating in their definition of ethics that it is based on custom, I have the logical, moral, and legal right to introduce evident showing what that custom is When it is stated that I have, by allowing the customary mention of my name and qualifica-

tions in connection with a book which I have written to be stated in public print, brought about publicity such as would tend to effect personal aggrandizement, I claim that it is a hideous and malicious dis-If this ruling is permitted to go untortion of facts challenged, no author could maintain membership in the county and state Societies without forever having some article of speech or punctuation mark interpreted as tending towards self-aggrandizement short, his freedom of expression in being permitted to write a book will mean nothing unless the book is permitted to receive public announcement and distribution untrammeled by the heckling of a board of censors, or some other self-constituted purity league within the Society

Counsel for the Medical Society will admit that it is set forth in the record that the Society found nothing wrong with the book, that they realized the book had to be advertised, that, in fact, the only thing toward which there was any objection was the fact that I was referred to as a well-known specialist. In other words, simply because I, in looking over an advertisement containing a thousand and one words, could not by clairvoyance divine the fact that the Board of Censors objected to the use of one or two words, I am to be penalized to the extent of having my privileges in the Society suspended for a period

of one year

How ludicrous this will appear to the public at large when they review or have reviewed for them the fact that at about the same time more than one member of this Society received only a ten- or fifteen-day suspension for stealing money through workmen's compensation kickbacks and in violation of law, ethics, and common decency! Contrast this to the penalty of one year's suspension meted out to me because of a difference of opinion between the Board of Censors and myself over one or two words, at the most, one phrase in the advertisement of a book of which I am the author and with which the Board of Censors and the Comitia Minora admit they had no fault to find.

There are two glaring discrepancies in the conduct of the Comitia Minora. In one place in the record—page 7, Trial Committee, January 25, 1944—you will note that the contention is made that the advertisement is not in accordance with the Committee's idea of taste, and yet, still later in the testimony, taste is apparently discarded as an issue and it is bluntly said that the same committee doesn't care if the book is, as they say, "boosted" as long as I do not profit by it—In other words, gentlemen, must I practice my profession at a loss in order to remain in favor with this interpetation of ethics? What a petty attitude for men—grownup men—professional men—to assume! And where, may I ask, is there a sentilla of evidence that I actually did profit?

Second, I would like to acquaint the House of Delegates with the fact that the Board of Censors which declared that I was not to be permitted to be referred to as a well-known specialist or a specialist of any kind, that even the titles of previous books of which I am the author could not be mentioned, has given its approval to a second advertisement by Dr Crohn which permits him to be referred to as a specialist. Further, I submit an additional exhibit, that of a book written by one of our professional colleagues—a member of the county and state medical societies—in which the author is referred to as a noted psychiatrist and which makes mention of the fact that the author's books "are notable for original thinking and clear expression and are very widely

[Continued on page 2570]

[Continued from page 2568]

read and discussed" (This exhibit is in the hands

of Dr Masterson)

Apparently, the Comitia Minora and the Board of Censors are in a state of confusion either as to what the standards of cthics are in relation to the publicity of health books or else they are in a state of confusion as to whom they care to have such rules as they make up apply Is it possible that discrimination or a private campaign of persecution is being advanced in the guise of protecting the medical profession against an infraction of its code of ethics? I have evidence, which I shall not introduce in these hearings, to show that such might very reasonably be an explanation. However, permit me to sum up the facts as I see them, and add to such a summation a suggestion for amicably settling such differences as may exist

Whereas, I completely deny that I intended committing or condoning an act of self-aggrandizement by the mere approval of the publisher's advertisement in vuestion, and I categorically deny that I intentionally violated any of the principles of the eode of ethics of the county or the state medical society,

and

Whereas, the ruling in my case now before you is

contrary to natural justice, and

Whereas, I have never received any request to cause discontinuance of advertisements mentioning my name and have never received any warning that same was contrary to the wishes of the Committee on Publications, a committee of whose existence I was unaware at that time, and

Whereas, such ruling was an abuse of discretion,

and Whereas, I have already suffered nearly two years of humiliation, damage, and considerable expense because of such ruling, and

Whereas, I have freely expressed my willingness to submit such matters in the future to the designated

Committee on Publicity,

I therefore respectfully request the House of Delegates to reverse said ruling and to terminate the matter here within the Society and now at a time when we can prevent this from becoming a public

And now, gentlemen, I thank you for your kindness and patience in listening to me and leave the matter in your hands for decision

SPEAKER BAUER Have you anybody else you

want to call on to speak in your behalf?

Dr. Montague No, I will leave it in the hands of the members

The motion before the House Speaker Bauer is that the penalty imposed by the Comitia Minora of the Medical Society of the County of New York, and confirmed by the Board of Censors of the Medical Society of the State of New York, should be modified to relieve Dr Montague from any suspension of membership and that there be inflicted a censure only The matter is now open for discussion Dr. Joseph A Geis, Essex Does

Does this vote decide whether or not further litigation should go on

from a civil angle?

That is something out of our Speaker Bauer This is merely a matter of confirmbands entirely ing, disapproving, or modifying the action of the Board of Censors, and the motion is that the action should be modified.

DR MONTAGUE May I say I have no desire to make a public issue of this or to bring it into the civil courts, but I have only one course to pursue. My honor is at stake My professional reputation is at stake Would I not be very derelict both to

myself and my profession if I were to let the matter drop without having my honor satisfied? I think

Dr Benjamin M Bernstein, Kings Montague accept a censure and call it quits?

SPEAKER BAUER Dr Montague does not have

to answer that question unless he wishes to

There were calls for the question

Gentlemen, in a matter of this SPEAKER BAUER character it is customary that the vote should be taken in executive session Ordinarily, we permit certain exceptions to the executive session, but in this particular case I feel it would be prejudicial to the interests of the appellant to permit anyone to remain in the House who is not a voting member of the House, with the exception of our reporter, who has to be here to take down the action of the House.

In order to protect further Dr Montague against any discussion taking place in his absence, I would suggest that someone move the previous question

DR JAMES F ROONEY I will move the previous

question

DR. EUGENE H Coon, Nassau I second the motion

There being no discussion, the motion was put to a vote, and was unanimously carried

The motion is carried, and no Speaker Bauer

further discussion of this matter can take place.

Dr Bandler, the Chair will designate you as sergeant-at-arms to clear the House, and as his assistants I will appoint Dr Laurance Redway, of Westchester, and Dr Elton R Dickson, of Broome. I rise to a question of information. Dr. Rooney

Is this vote to be by secret ballot or viva voce?

Viva voce, unless the House SPEAKER BAUER orders otherwise.

(There was no dissent expressed with the ruling of

the Chair)

Those permitted in the House Speaker Bauer at this time are Past Presidents, Officers of the Society, District, Section, and County Delegates, Mrs Grimm, and nobody else.
Dr. Clarence G Bandler, New York

is no one now in this House except accredited mem-

The Sergeant-at-Arms de-SPEAKER BAUER

clares we are now in closed session

The previous question having been moved, the question now before the House is on the motion shall the action of the Board of Censors of the Medical Society of the State of New York confirming the action of the Canada New York confirming the action of the Comitia Minora of the Medical Society of the County of New York be modified to remove the suspension of Dr Joseph F Montague from membership and inflict censure only All those in favor of that motion will say "Aye", those opposed, "No" The motion is carried unantmously

Will someone now move we return to open ses-

I so move

DR. JAMES F ROONEY I second the mo-DR WILLIAM KLEIN, Bronx tion.

There being no discussion, the motion was put to a vote, and was unanimously carried

SPEAKER BAUER We are now in open session I will make another motion, Mr Dr. ROONEY I think it is only just and right that Dr Speaker Montague be immediately informed of the action of the House of Delegates, in order that there may not be any ill feeling left in his mind in relation to any further continuance of the litigation outside of this Society, which would engender an enormous amount

[Continued on page 2572]

# Information! -ABOUT THE NEW



## ADOUT THE NEW

# *Camblells*, strained BABY SOUPS

# Q What are the ingredients in Campbell's Strained Baby Soups?

A Campbell a usa carefully selected meats cereals and those vegetables scientifically recognized as having the most desirable nutritive qualities. All the food properties are natural. Because Campbells are accustomed to purchasing only selected meats and vegetables the best is assured for Campbell's Strained Baby Soups.

# Q What about vitamin and mineral retention?

A The latest scientific information has been drawn upon in the development of a cooking method to insure the affective conservation of vitamins and retention of minerals

# Q When should Baby be started on strained soups?

A Campbell's Strained Baby Soups can be started as early as any strained beby foods Depending upon the baby, pediatricians recommend beginning between the ages of three and six months.

#### Q Why do Campbell's Strained Baby Soups taste better?

A The superior flavor is the natural result of the high quality meats and vegetables together with Campbell's many years of experience in making soups that taste good. This flavor superiority has been substantiated by the enthusiasm with which these soups were welcomed upon their in troduction to doctors and mothers in Philadelphia soms months ago

A comprehensive analysis of each soup may be had upon application to Campbell Soup Company Camden, Naw Jersey

5 KINDS

LIVER CHICKEN LAMB BEEF VEGETABLE

All in Gion



Campbell's Strained Bsby Soups represent fine quality in ingredients in care and method of cooking in retention of minerals and comer vation of vitamms and in good flavor Every resource of Campbell's Kitchens is devoted to that aim



LOOK FOR THE RED-AND-WHITE LABEL

Campbell's Strained Baby Soups are currently available within 60 miles of New York City.

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[Continued from page 2570]

of publicity that would be of evil import to the Society in these precarious days I so move that he be invited to come in, and be informed by the Speaker of the House of the action that this House has just taken

I think there is no necessity of That will be done SPEAKER BAUER

taking a vote on that

SECRETARY ANDERTON Shall I go outside and bring him in?

SPEAKER BAUER Yes.

(Secretary Anderton returned to the platform

with Dr Montague)

Dr Montague, the House of SPEAKER BAUER Delegates unanimously voted the recommendation of the Reference Committee that your suspension be removed and that censure only be inflicted.

Dr. Montague Thank you

Section 43

#### Welcome Extended to New Delegates

Gentlemen, in just one mo-I think at this meeting of the SPEAKER BAUER ment we will recess House of Delegates there are more new members That has been brought than at any previous one about by the fact that the meeting was postponed and many of the regular members on short notice were unable to come There are a number of alternates here We have also had a reapportionment of the House since the last meeting, and some counties have more delegates than they had previously been entitled to We would like to have every man in this House who is attending his first session to stand

About thirty-five members arose, amid applause

Gentlemen, I would like the SPEAKER BAUER new members to realize that they are members of the legislative body of the second largest medical society in the world You will find this organization a very serious, earnest-minded organization, and a group of men with whom you will be proud to be associated I hope that your blushing modesty will not deter you from taking part in our discussions simply because you are new I assure you that length of service is not necessary to get recognition from the

Now that you may have something to shoot at, I am going to ask Dr Brittain, of Delaware, to stand

Dr Robert Brittain arose, amid applause SPEAKER BAUER Dr Brittain is now attending his fifty-second session of the House of Delegates

DR ROBERT BRITTAIN, Delaware I thank you, gentlemen It gives me pleasure to see the number of new delegates that we have here this year I appreciate this privilege

Judging from the bald heads of SPEAKER BAUER some of the new members, I don't think they are going to make his record. (Laughter)

The House will now be in recess until 3 30 P.M. (At 1 40 o'clock P M a recess was taken.)

(To be continued in the December 15 issue)

# Physicians know from clinical experience

the reliability of

# Pil. Digitalis

(Davies, Rose)

They conform now,

as in the past,



with USP requirements

Each pill is equivalent to 1 U.S.P XII Digitalis Unit — One United States Pharmacopoetal Digitalis Unit represents the potency of 0 1 Gm. of the USP Digitalis Reference Standard —US.P XII

Made from Powdered Digitalis Leaf, Pil. Digitalis (Davies, Rose) present all of the therapeutic principles obtainable from the drug

Standardized according to Pharmacopoeial requirements, they permit a uniform and accurate dosage

These freshly prepared, standardized pills are put up in bottles of 35, forming a convenient package for the physician's prescription, obviating the necessity of rehandling

Sample for clinical trial sent on request



DAVIES, ROSE & COMPANY, Limited BOSTON, MASSACHUSETTS, U.S.A

# Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

### "Problems of Practice in the First Year of Life"

P OSTGRADUATE instruction in pediatrics was given before a meeting of the St Lawrence

Medical Society at 1 30 PM., November 8, at the A Barton Hepburn Hospital, Ogdensburg "Problems of Practice in the First Year of Life" was the topic discussed by Dr Gaylord W Graves, clinical professor of pediatrics, New York University College of Medicine

Dr Graves was sponsored cooperatively by the Medical Society of the State of New York and the New York State Department of Health

Dr Graves spoke on the same topic before the Jefferson County Medical Society at 8 00 PM, November 8

The medical society mot at the Black River Valley Club, in Watertown

## Treatment of Arthritis

A N EVALUATION of the present methods of treatment of arthritis, by Dr Russell L Cecil, professor of clinical medicine, Cornell University Medical College, was the topic of a meeting of the Monroe County Medical Society on October 30.

Tho meeting was held at the Rochester Academy of Medicine

Dr Cecil's talk was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York.

#### FIND MOSQUITOES CAN TRANSMIT SLEEPING SICKNESS TO HUMANS

One of the common American mosquitoes—Culex tarsalis-has been found guilty of carrying encephalitis, an infectious inflammation of the brain, to human beings

Evidence to support this fact was obtained by four investigators, W McD Hammon, MD, W C Reeves, PhD, and Bernard Brookman, AB, all of San Francisco, and S. R. Benner, M. D., of Yakıma, Washington, who report the results of their study of the annual epidemics of encephalitis in the Yakıma Valley, Washington, in the August 18 issue of the Journal of the American Medical Association

Various forms or types of encephalitis are recognized by medical science. All are caused by disease agents or viruses which attack the central nervous Popularly known as "sleeping sickness," this virus disease usually causes the patient to be-come lethargic or sleepy Convulsions and paraly-sis sometimes accompany the somnolence or lethargy, and in many cases there is a delirium in which the patient may have emotional outbursts, delusions, or periods of depression. Unfortunately, scientific medicine has not yet developed any specific method of treatment that will prevent this disease or arrest its progress.

The peak of the Yakıma Valley epidemics, which occurred in 1939-40-41-42, was reached during the middle and latter part of August Studies of the numbers of mosquitoes showed that the activity of the C tarsalis mosquito parallelod the epidemic

The authors explain that "the period of greatest activity of several species, including C tarsalis, just preceded the peak in onset date of human cases, a period representing probably the incubation period in man and mosquito" The incubation period is the duration between the time the virus is introduced into the body and the appearance of visible symptoms

"During July and August," the authors report on their 1942 study, "a total of 24,751 mosquitoes, including nine species, were collected and tested for virus content, yielding 49 strains of virus Of these mosquitoes 9,466 were C tarsalis A total of 45 viruses was isolated from this species, 41 western equine and four St Louis strains Thus, an infection rate was demonstrated in C tarsalis of at least one in each 210 collected, as compared to one in each 386 found the preceding year. The role of C tarsals as a natural vector [carrier] of these viruses in the Valume Valume the control of the control the Yakıma Valloy is thus amply confirmed "

Collections of mosquitoes were made on the horse, cow, and man to determine which of the various mosquito species fed on these animals It was found that C tarsalis fed frequently on birds and included most of the common domestic animals in its feeding range The results of laboratory tests, and the repeated isolations of the virus from this mosquito give strong support to the probability that domestic fowl are an important "reservoir" of infection in the

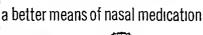
Yakıma Valley



With children "the benzedrine inhaler can be satisfactorily employed for young children for the relief of obstructive symptoms in the nasopharynx due either to infection or to allergic edema. No untoward symptoms were noted from the use of the inhaler."

Vollmer E.S. Use of the Benzedrine inheler for Children, Arch. Otolaryng 25.81

Benzedrine Inhaler





In a recent survey of pediatricians, 77% were lound to use Benzedrine Inhaler N.R., In their practice

Children accept Benzedrine Inhaler therapy willingly and show none of the hostility which so often complicates the administration of drops tampons, or sprays. Each Benzedrine Inhaler is packed with racemic amphetamine S.K.F. 200 mg menthol, 10 mg, and aromatics. Smith, Kline & French Laboratories Philadelphia Pa.

## Medical News

## Insurance Companies Plan Heart Research

SPONSORSHIP of a medical research program by one hundred and forty-three life insurance companies in the United States and Canada with funds of \$3,500,000 in prospect for the next six years was announced on November 2 by M. Albert Linton, chairman of the joint committee of the American Life Convention and the Life Insurance Association of America

Initial research will be in the field of heart and arterial diseases, which have been termed "Number 1 Killer" Annual contributions of \$578,000 to the fund will more than double the total annual grants from foundations for this phase of research

In addition to aiding institutions engaged in studying the cause and cure of heart ailments, the insurance group will establish medical-research fellowships for individuals

Recommendations for allocations of funds will be made by an advisory council of eight medical school and university representatives Four life insurance company medical directors will cooperate with a board of nine directors and the advisory council.

#### Tuberculosis Sanatorium Conference Held in New York

THE thirty-fifth clinical session on chronic pul-monary diseases of the Tuberculosis Sanatorium Conference of Metropolitan New York was held at

the Cornell University Medical College Amphitheatre on November 7 at 8 30 r m.

Two papers were presented "Ten Years' Experience with BCG (Clinical and Experimental)," by Dr Sol Roy Rosenthal, of the Chicago Municipal Tuberculosis Sanatorium and University of Illinois School of Medicine, and "The Results of BCG

Inoculation of Children from Tuberculosis Homes in New York City," by Dr Milton I Levine, assistant professor of pediatrics at Cornell Univer-

assistant professor of pediatrics at Cornell University Medical College
Dr W G Childress, chairman of the Tuberculosis Conference, presided. The papers were discussed by Dr Edgar M. Medlar, associate professor of pathology, College of Physicians and Surgeons, Columbia University, and Dr Jules Freund, Public Health Research Institute, New York.

## County News

#### Albany County

On December 5, 1945 the county society will hold its annual dinner and dance in the DeWitt Clinton Hotel as a homecoming celebration for its physician veterans

Dr Charles D Rancourt, promoted to major in the Medical Corps in June, was separated from the Army at Fort Dix, and has returned to his home in Albany

Overseas since the fall of 1942, Major Rancourt flew to Washington, D.C., from Paris He entered the Army in August, 1942, and headed the x-ray department for the Second General Hospital while on the European continent

He served in English hospitals prior to transferring to France last February. He was formerly a practicing physician in Watervliet and the school physician of the city \*

Dr Harold P McGan, of Albany, who entered the Army three and a half years ago as a captain and was promoted to lieutenant colonel during overseas service, resumed the practice of medicine in Albany on November 1

His overseas service included two and a half years

in Africa, Sicily, and Italy \*

## Cayuga County

At the regular meeting of the county society, held October 18, the entire program was devoted to the men now in service when they return to their private practice. The motion was made that a questionnaire be sent to all these men asking the following questions 1 Do you intend to return to the practice of

a discussion of what the society could do to help

medicine in Cayuga County?

2 Do you intend to do the same type of practice?

If not, what changes do you contemplate?

3 Do you desire assistance or advice from the Cayuga County Medical Society? If so, what can

we do for you?

When this information is available the society will then be in a better position to decide what special types of practice are desirable and available, what places in the county and city will remain to be filled, and what is advisable for the group to do to adapt themselves to the changing conditions of the present day and age. It is hoped that this endeavor will greatly improve the medical setup in Cayuga County and at the same time aid the men now in service in returning to their private practice.

Columbia County

Dr Leonard M Niesen, of Hudson, was elected to head the county society at the annual meeting held on October 2 at the General Worth Hotel.

Dr Niesen succeeds Dr John Mambert Other new officers include Dr Elah Bliss, vice-president, and Dr L J Early, secretary Dr Early was re-elected

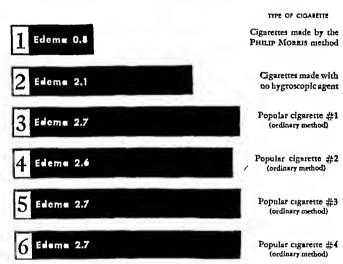
The society pledged a contribution of \$500 to the Columbia Memorial Hospital building fund \*

[Continued on page 2578]

<sup>\*</sup> Asterisk indicates that item is from a local newspaper

# How irritation varies from *different* cigarettes

Tests\* made on rabbits' eyes reveal the influence of hygroscopic agents



CONCLUSION \* Results show that regardless of hlend of tobacco flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS

CLINICAL CONFIRMATION \*\* When smokers changed to PHILIP MORRIS, substantially every case of uritation of the nose and throat due to smoking cleared completely or definitely improved.

9R Y State Josen. Med 33 No. 11,590 \*\*Laryngsscope 1935 XLY No. 2 149 154

TO THE PHYSICIAN WHO SMOKES A PIPE. We suggest an unusually fine new bleed-Country DOCTOR PIPE MIXTURE, Made by the same process as used in the manufacture of Philip Morris Cigarettes. [Continued from page 2576]

Capt Harold Levine has received his discharge from the Army and returned to Hudson on October 6 The Hudson physician was overseas three years, being sent overseas two months after enlisting \*

Maj Carl V. Whitbeck, of Hudson, who has been serving in the Army Medical Corps for the past four years, and more recently in the India-China-Burma area, has arrived back in the States at the Port of New York Ho is now at Fort Dix, where he expects to receive his honorable discharge. Upon receiving his discharge he will return to Hudson \*

#### **Dutchess County**

Lt Col John F Rogers, of Poughkeepsio, is on terminal leave from the Army and plans to resume his private practice \*

#### Genesee County

Dr Benjamin Slater, associate medical director of Eastman Kodak Company, spoke on October 22, at 8 00 r m in the Chapel of the Presbytchan Church, Batavia His topic was "Public Health Planning—Postwar World" The address was given under the sponsorship of the Christmas Seal Committee \*

### Jefferson County

On November 8 the county society held its annual meeting at 6 30 P m at the Black River Valley Club, Watertown. The program consisted of a lecture entitled "Problems of Practice in the First Year of Life," given by Dr Gaylord W Graves, clinical professor of pediatrics at New York University College of Medicine, followed by a movie called "Managing Fresh Wounds of Violence," made by the late Montgomery R Reid, of the University of Cincinnati

Election of officers was held at this meeting

Maj Holger C Nelson, (MC), USA, has been honorably discharged from the service at Fort Dix, and has returned to Watertown to resume his practice of surgery

Dr Nelson entered the service September 14, 1942, with the commission of a captain in the air corps of the army He served at Don CeSar Hospital, St Petersburg, Florida, as a surgeon and later was transferred to the 70th Field Hospital as chief of surgery

He served with the 70th Field Hospital in the China-Burma-India theater of operations for a year, leaving the United States Scotember 22, 1944 and returning to this country September 28, 1945. He wears two battle stars for having participated in the Northern Burma and Central Burma campaigns.\*

#### Kings County

Mayor Fiorello H LaGuardia was the principal speaker at the tenth anniversary celebration held at the Bushwick Health Center of the New York City Department of Health, Brooklyn, on November 1, 1945 The ceremonics marked the completion of ten years of health service in the first city-

owned building to be used as a health center Dr Anna E Ray Robinson, health officer of the Bushwick district, presided over the program, which was presented at 3 30 PM in the auditorium of the Center Other speakers included the Health Commissioner, Dr Ernest L Stebbins, Assistant Commissioner for District Health Administration, Dr Margaret W Barnard, John Downing, Director of Recreation, Department of Parks, and Master Donald Messomer. The speakers reviewed the Center's achievements in "Better Health For Bushwick." Preceding the ceremonies the public was conducted on a tour of inspection of the Center

#### Monroe County

Eleven more physicians who are members of the county society have returned from military service, the society has announced

They are Drs Lloyd Allen, Fred W Geib, Leonard Horn, D M Jenkins, Thomas B Jones, J F McAmmond, J N McEachren, Gerald S McGuire, Libby Pulsifer, Joseph I Thaler, and Edward T Wentworth.\*

#### Nassau County

Ways and means of expanding the cancer educational program in the schools and communities of Nassau County were discussed by the representatives of county-wide organizations at a meeting of the educational advisory committee of the Nassau County Cancer Committee at Nassau Hospital in Mincola

The educational work of the cancer committee and its services to the medical and nursing professions, as well as to cancer patients, will be continued and expanded during the coming year, it was announced by the Rev Joseph A Smith, of West Hempstead, chairman of the educational advisory committee and a director of the cancer committee

Edward W Palmer, new executivo secretary of the Nassau County Cancer Committee and secretary of the educational advisory committee, stated that six thousand pieces of educational literature had been distributed to the public during the past four months as part of the educational program He also brought several new pieces of literature to the attention of the committee.

Some new means will be sought for the distribution of this literature so that the educational message might be extended to all residents of the county and members of the committee were urged to assist in arranging educational meetings, exhibits, and the distribution of cancer literature to the groups with which they were affiliated \*

## New York County

To meet the need for providing refresher courses for doctors returning from war service, the College of Physicians and Surgeons of Columbia University is expanding its postgraduate programs in nineteen of the voluntary and municipal hospitals in New York and one in Jersey City, New Jersey, Dr Willard C Rappleye, dean of the college, disclosed on November 2

Every hospital affiliated with the university, he said, plans to increase the number of its residencies, consistent with available clinical material for such training, and the medical school is providing instruction in the medical sciences. More than three hundred discharged medical officers will be enrolled

in this plan of long-term training

[Continued on page 2580]

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pany) 4th	cover	
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[Continued from page 2578]

In addition, the hospitals are expanding their short refresher courses to accommodate about two thousand discharged medical officers during the coming year in two hundred different courses in every field of general and specialized practice

Last year, he said, one thousand, one hundred and forty-two doctors sought postgraduate work or residencies through the bureau of medical education

of the New York Academy of Medicine

The New York Academy of Medicine is giving the eleventh series of Lectures to the Laity, on "Medicine Today" Two lectures have already the given. Those to be given are as follows the Ninety-Sixth Anniversary Discourse, on December 13 at 8 30 p.m., "The Hospital and the Lahoratories," by Dr Basil C MacLean, director, Strong Memorial Hospital, Rochester, on the same date, "The General Practitioner and the Specialist," by Dr Donald M Clark, of Peterboro, New Hamp-Dr David P Barr acted as presiding chairshire man On December 27, under the chairmanship of Dr Paul Reznikoff, Dr Edwin J Cohn, chairman of the department of physical chemistry, Harvard Medical School, will speak on "Research in the Medical Sciences" On January 10 Dr Edward S Rogers, Assistant Commissioner for Medical Administration, New York State Department of Health, will speak on "The Layman's Part in Medicine—Preventive Medicine," with Dr Donal Sheehan acting as presiding chairman. The last lecture, on January 24, will be the George R Sieden-

burg Memorial Lecture, on Economics and Medicine, entitled "Alternative and Multiple Solutions to the Problems of Medical Costs," and will be given by Dr Dean A Clark, senior surgeon, Division of Public Health Methods, US Public Health Service, Washington, DC (on leave), under the chairmanship of Dr Sheehan

Capt Leo Wilson, of New York City, is now enrolled in the British Postgraduate Medical School, where he is studying obstetrics and gynecology

Captain Wilson, who enlisted in the Medical Corps in June, 1942, arrived overseas the following December During the Normandy invasion he was on detached service with the U.S. Navy, and served as senior surgeon of the LST 294. He has been awarded the Certificate of Merit

A graduate of New York University, where he received his BS and MD degrees, he was an obstetrician and gynecologist for ten years in He was on the attending staff of the cıvılıan life Morrisania City Hospital, the Bronx Hospital, and

the Vanderbilt Clinic

#### Oneida County

Capt Patrick F Pender, who won Bronze Star awards for mcritorious service beyond the call of duty in two European campaigns, has returned to Utica after three years in the Army

Dr Pender, physician and surgeon on the staffs of Memorial and General hospitals, received his honorable discharge at Fort Dix eight days after his return from two years in the European theater

Dr Pender resumed the practice of medicine in

Utica on October 8 \*

# Necrology

Frederick E Bauer, M D, of New York City, died on October 30 after an illness of four days Dr Bauer was 80 years old He received his medical degree from New York University in 1888, and was one of the founders of the Lutheran Hospital, of Manhattan, at the time of his death as director of the physiotherapy department there He was also at one time head of the physiotherapy department at Fordham Hospital He was a memher of the American Congress of Physiotherapy, the American Medical Association, the medical societies of the State and County of New York, and a charter mem-ber of the Washington Heights and Audubon Medical Societies

James Alexander Boon, M D, of New York City, died on October 20 at the age of 79 Dr Boon was graduated from Bellevue Medical College in 1888, and was formerly on the staff of the narcotic division of the Bureau of Internal Revenue

Ellsworth Eliot, Jr, MD, of New York City, leader of the famous 'Eliot Quiz,' died on November 2 at the age of 81 Dr Eliot was consulting surgeon and former surgical director of Knickerbocker Hospital, and visiting surgeon to Gouverneur and Pres-byterian hospitals and to the Lawrence and White Plains hospitals He was a lecturer in clinical surgery at the College of Physicians and Surgeons, Columbia University, from 1890 to 1913, and was

author of numerous articles on abdominal surgery and several books on American history ceiving his medical degree from the College of Phys-cians and Surgeons, Columbia University, in 1887, he studied in Berlin and Vienna He was a former president of the American Surgical Association and the New York Surgical Society, a member of the medical societies of New York State and County, the American Medical Association and a Fallow and American Medical Association, and a Fellow and former chairman of the surgical section of the New York Academy of Medicine

Robert Alexander Fraser, M D, formorly of New York City and of Brooklyn, died on November 1 in Greenwich, Connecticut He was 67 years old Chief medical director for the New York Life Insurance Company until his retirement recently, Dr Fraser was graduated from Trinity Medical College in Toronto, Canada, in 1903 He was former presi-dent of the Armana and the was former president of the Association of Life Insurance Medical Directors

Pearson Harrison, M D, of New York City and Rye, died on October 20 after a hrief illness He was 52 years old Dr Harrison, who had specialized in ophthalmic surgery, was assistant surgeon on the staff of the New York Eye and Ear Infirmary He received his medical degree from the University of

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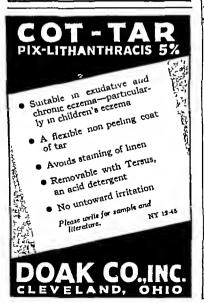
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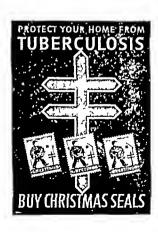
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[Continued from page 2580]

Vermont in 1928, afterward serving as intern at the Presbyterian Hospital in Manhattan. He was a diplomate of the American Board of Ophthalmology and a member of the Medical Society of the State of New York and the American Medical Association

New York and the American Medical Association Ross George Loop, M D, of Elmira, died on October 19 at the age of 69 Dr Loop was graduated from the University of Buffalo School of Medicine in 1897 as president of his class After serving his internship in the Eric County Hospital, in Buffalo, he began private practice in Elmira, and later did postgraduate work in surgery in Paris, London, Edinburgh, and New York. He was consulting surgeon to the Arnot-Ogden Memorial and St Joseph's hospitals, in Elmira, and Tioga General Hospital, in Waverly He was a Fellow of the American College of Surgeons and a member of the medical societies of Chemung County and New York State and the American Medical Association

Louis Michaels, Capt., (MC), AUS, of Brooklyn, died on October 11 in Camp Upton, Long Island, after a long illness. He entered the Army four years ago, served in the Medical Gas Division, lectured in England on the treatment of gas casualties, went to France shortly after the invasion, and headed a surgical unit in the Battle of the Bulge. He was awarded the Bronze Star Medal. Although born in Brooklyn, Captain Michaels received his medical degree in 1935 from the University of Berlin. Before entering the service he was assistant physician on the staff of Unity Hospital and clinical assistant physician in the outpatient department of Gouverneur Hospital. He was a member of the medical societies of the State of New York and Kings County and of the American Medical Association Captain Michaels was 37 years old.

Captain Michaels was 37 years old

Henry Mann Silver, M D, of New York City, the oldest graduate of New York University College of Medicino at the time of his death, having received his medical degree thero in 1875, died on September 27 after a brief illness He was 94 years old. Clinical professor of surgery at New York University from 1900 to 1910, Dr Silver received the Alumni Meritorious Service Medallion in 1932 for outstanding service to the University He was among the early surgical leaders of the city, and treated the first surgical case of the Henry Street Settlement. It was also through his efforts that the new x-ray apparatus constructed by Michael I. Pupin was first used in New York in 1896. During his career he was demonstrator of anatomy at Bellevue Hospital Medical College (now New York University College of Medicine), professor of surgery at the Women's Medical College of the New York Infirmary for Women and Children, visiting and consulting surgeon to Gouverneur, Beth Israel, and St. Luke's hospitals and the New York Infirmary for Women and Children. He was a Fellow of the American College of Surgeons and the New York Academy of Medicine and a

member of the medical societies of Now York County and State, the American Medical Association, the Society for the Control of Cancer, and the Bellevuo Hospital Alumni Society

Mills Sturtevant, M.D., of Now York City, gastroenterologist and professor of clinical medicine at the New York University College of Medicine, died on October 29 of pneumonia. He was 63 years old. Dr. Sturtevant conducted the stomach clinic at Bellevio Hospital for more than twenty-five years, was consultant on gastroenterology at the Rockaway Beach Hospital, consultant physician at Bellevie Hospital, and formerly visiting physician at Willard Parker and Neurological hospitals. He was one of the founders of Doctors' Hospital. A graduate of the College of Physicians and Surgeons, Columbia Univorsity, class of 1908, he was a diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians and the Academy of Medicine. He was also a member of the medical societies of the State of New York and New York County, the American Medical Association, the American Society of Gastroenterology, and the International Society of Gastroenterology.

ternational Society of Gastroenterology

Benjamin T Tilton, M D, of New York City, died at the age of 78, on September 24 at his summer home in Black Point, Connecticut Dr Tilton was a surgeon on the staff of the Flower and Fifth Avenue Hospitals in New York City, consulting surgeon to Lincoln and Manhattan State hospitals, former chief surgeon of St Mark's Hospital, and for many years director of surgery at the old Broad Street Hospital, now the Downtown Hospital Dr Tilton was graduated from the University of Freiburg, Germany, in 1893, and interned at the New York Hospital He was a Fellow of the American College of Surgeons, the Academy of Medicino, and a member of the medical societies of New York State and County, the American Medical Association, and the New York Surgical Society

Paul Tradelius, M D, of Brooklyn, died on October 13 at the age of 71 A native of Germany, Dr Tradelius came to the United States fifty-five years ago, and received his medical degree from the Long Island College of Medicine in 1904 He was consulting ophthalmologist at the Samantan Hospital and assistant surgeon at the Brooklyn Eye and Ear Hospital

He was a diplomate of the American Board of Ophthalmology and a member of the Brooklyn Ophthalmological Society, Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Elvira Willis, M D, of the Bronx, died on October 23 at the age of 47 Dr Willis was attending pediatrician at the New York Infirmary for Women and Children She received her medical degree from the University of Minnesota in 1924, and was a member of the medical societies of New York State and Bronx County, and of the American Medical Association

#### LONDON HARD HIT BY DOCTOR SHORTAGE

"The civilian doctor has had a hard time during the war," reports the London correspondent of the Journal of the American Medical Association, "but his hardest time may be in front of him Before the war the average number of patients per doctor was 1,800, now it is 3,500"

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# Hospital News

## Thirty-one Blue Cross Plans Offer Medical-Surgical Benefits

THIRTY-ONE of the eighty-five regional Blue Cross Hospital Service Plans now offer medical and/or surgical benefits through affiliated organiza-

This was announced on November 1 by William S McNary, chairman of the medical relations committee of the Hospital Service Plan Commission Regional directors of these nonprofit hospital service plans have just concluded a four-day national conference in New York

"The public demand for complete health service must and will be met," said McNary "Hospitals are the logical centers for community health programs, and Blue Cross hospital-service plans will cooperate with local medical societies and similar groups to extend nonprofit medical services to the

public on an ever-increasing scale "

Of the nineteen million Blue Cross members in the United States and Canada, eleven million belong to Plans, which are coordinated with nonprofit medical- and/for surgical-service programs most cases the Blue Cross staff handles enrollment and administration of the affiliated medical plan some areas a single nonprofit corporation provides both medical and hospital benefits The latter arrangement is in effect in the Blue Cross Plan with headquarters at Wilmington, Delaware, Huntington, West Virginia, New Orleans, Louisiana, and Chapel Hill and Durham, North Carolina

Present membership in Blue Cross affiliated medical service plans is two million The largest is the Michigan Plan, which covers eight hundred and sixty-eight thousand persons Others with more than one hundred thousand are those covering Colorado, Massachusetts, and New York City Typical arrangement for providing medical or

surgical benefits is the formation of a nonprofit medical-service plan under the sponsorship of the local or state medical society The association then establishes a contract with the Blue Cross Hospital Service Plan serving that area, to offer medical or surgical benefits to Blue Cross subscribers through the same field and administrative personnel

McNary said, "Nonprofit medical protection is in about the same stage as the Blue Cross Plans were nine years ago whon the Bluo Cross Plan Commission was established to study and promote the development of prepaid hospital care medical-plan enrollment is increasing more rapidly now than Blue Cross Plans were nine years ago It may be expected that the total protection for physicians' and surgeons' services will soon approach the total of 19,500,000 persons covered by hospital

## Blue Cross Representatives Met in New York

 $R^{\,\rm OY\,E}$  Larsen, President of Time Inc , and Fannie Hurst, novelist, were the principal speakers

at a dinner of Blue Cross representatives held on October 30 at the Hotel Commodore, New York

## Improvements

The St Charles Hospital for Crippled Children, in Port Jefferson, has been presented with an orthopedic fracture table, it was announced early in October The table, which represents the most recent development in the orthopedic field, was the gift of Harry Dash, Manhattan business man \*

#### At the Helm

John H Trent was re-elected president of the New Rochelle Hospital board of governors at an organization meeting in the solarium at the hospital on October 15

Other officers re-elected were Earl C Sams, chairman of the board, Frederick S Fales, vice-president, Lewis P Wells, second-vice president, William Frank Snyder, secretary, and J Marshall Perley,

treasurer

Miss Margaret Wheelwright, of New York and Southampton, has been elected to the Board of Directors of the Southampton Hospital, for a twoyear term expiring June 30, 1947

\* Asterisk indicates that item is from a local newspaper

Mrs Goodhue Livingston, Jr, has resigned as Director and her term of office, to expire June 30, 1949, has been assumed by J Carleton Corwith, of Wester M. Wester M. B. Assumed by J. Carleton Corwith, P. Wester M. Wester M. B. Assumed by J. Carleton Corwith, P. Wester M. Weste Water Mill Another new director is Edmund P Eaton, of Sag Harbor, who will serve until June 30, 1950 \*

Charles P Cooper will act as head of the corporation formed by the consolidation of the Presbyterian Hospital and the New York Orthopedic Dispensary and Hospital, it was announced on October

Cooper is president of the Presbyterian MrHospital

[Continued on page 2586]

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[Continued from page 2584]

Mr Cooper and eight other officers were elected at an organization meeting held at the Columbia-Presbyterian Medical Center, to serve until March '

Ellison H Capers, director of public and personnel relations of Frederick H Hart and Company, Inc. became administrator of Vassar Brothers Hospital on December 1, succeeding Joseph J Weber, ad-

ministrator of the hospital since June 1, 1929 Mr Wcber will continue active service with the

hospital as associate administrator \*

For the first time in its history the board of trustees of the Brooklyn Thoracic Hospital has male members, it was announced by Mrs Oscar

Swift, president At a meeting of the board the following were chosen as members

Philip A. Benson, president of the Dime Savings ank, D Irving Mead, president of the South

Bank, D Irving Mead, president of the South Brooklyn Savings Bank, Herbert S Mesick, Towers Hotel official, A G Wright, vice-president of the New York Telephone Co, Walter Jeffreys Carlin, William Neergaard, Joseph E Pridday, president of the Frederick Loeser store, and Dr Richard H Bennett

Other members of the board are Mrs Oscar W Swift, Mrs George M Billings, Mrs Edward D McCabe, Mrs J Christopher Meyer, Mrs Edward D McCabe, Mrs J Christopher Meyer, Mrs Edward P Maynard, Jr, Mrs Henry R. Simmons, Mrs Wirt E Darrow, Mrs Ross N Dougherty, Mrs. Elmer T Sullebarger, Mrs Philips P Elliott, Mrs Carl O Ericson, Mrs Henry R Bainbridge, and

Mrs Harold R Bayley

The services of Dr E L McQuade, deputy commissioner in charge of the Northern District of the Westchester County Health-Department, have been engaged as part-time Clinic Director of the Peekskill

Hospital With this addition to the organization of the institution it is felt that the Peekskill Hospital is well

on the road to establishing a hospital that will be able to render to the community the best of hospital care and medical service \*

Dr Samuel Cohen, assistant pathologist at Binghamton City Hospital for four years, has resigned, effective November 1

Dr Harry Woodburn Chase, chancellor of New York University, and Brig Gen F Trubee Davison

have been elected to the board of managers of Memorial Hospital, Reginald G Coombe, president, announced on October 18 They will aid in the full utilization of the Sloan-Kettering Institute for Cancer Research and for professional care of patients in the Memorial Cancer Center, it was said.

Dr Paul S Strong, major in the Army Medical Corps, has been appointed resident in pediatrics in Bassett Hospital, Cooperstown Before entering military service as a first heutenant in 1941, Dr Strong spent a year and a half as assistant resident in the Babies' Hospital, New York

He served two and a half years at the station hospital, Ft Eustis, as chief of the communicable

disease section In the capacity under the 93rd General Hospital, he saw thirty months of overseas service in Ireland, Wales, and England \*

Howard Shumake was re-elected president of the Middletown State Hospital Employes' Association at a meeting on October 19 at the hospital The association is an affiliate of the Mental Hygiene and the New York State Civil Service Association.

Other officers named were Bertha Jehncox, first vice-president, Thomas Stevens, second vice-president, and Fred O Walters, secretary and treasurer Mr Walters was named delegate to the Mental Hygnene and Civil Service Associations, with Carl Misner and Samuel Decker chosen alternates \*

Laurence G Magner has been appointed chairman of the advisory board of St Clare's Hespital, Schenectady, by Most Rev Edmund F Gibbons, president of the hospital corporation. Other citizens of Schenectady, who have accepted Bishep Gibbons' invitation to serve on the advisory board are Joseph F Connelly, Thomas C Ervin, Dr William E Gazeley, Henry Schaffer, E E Tal-madge, Edward Wallingford, and W Howard Wright

The members of the advisory beard will aid and cooperate with the board of directors of St Clare's in all matters pertaining to the plans for and the construction of the new hospital, it was anneunced.\*

Following his honorable discharge from the Army where he served over five years, Dr James A. Brussel has returned to Willard State Hospital as the assistant director Dr Brussel entered military service fourteen months before Pearl Harbor, and served as chief neuropsychiatrist at Fort Dix, the US Disciplinary Barracks at Greenhaven, and on the HMT Queen Elizabeth and the USA Hospital Ship Frances Y Slanger

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# Woman's Auxiliary

## To the Medical Society of the State of New York

## County News

Albany County At the House of Delegates meeting held in Buffalo on October 8 and 9 Mrs. Alfred L Madden was elected president-elect of the Auxillary to the Medical Society of the State of New York

Mrs Arthur J Wallingford deserves commendation for her wonderful work for the success of the

annual card party and food sale

At the meeting of the Executive Board held on November 1, Mrs Emerson Crosby Kelly, president, announced the following important coming events. The next meeting of the Auxiliary took place at the City Club, on Wednesday, November 21, at 2 30 PM. The special speaker for this meeting was Mrs Harold E Himwieh, associate in the depart-mont of physiology and pharmacology, Albany Medical College, whose topic was "What You Eat and What You Are"

The surprise announcement was that the Albany County Medical Society will hold its annual dinner and dance, cancelled during the war years, at the De Witt Chnton Hotel, Albany, on December 5, at

7 00 PM

The returned medical officer veterans will be honored at the dinner By request, the members of the Auxiliary will present a skit "The Pains and Passions of Dr Greatheart" The guest entertainer will be Dr Irving Davidson, his subject, "Selected Stories from the Humor of the United Nations"

The annual Fall luncheon of the Auxhary will take place at O'Connor's Banquet Hall, Albany, on December 11 Mrs Arthur J Wallingford, entertainment chairman, will soon announce the list of guests and speakers

Nassau County Pending legislation in rolation to

medical matters was discussed by two speakers at a Joint meeting of the Nassau County Medical Society and its Auxiliary in the MacArthur Auditorium of Mercy Hospital, Rockville Centre Dr W C Atwell, of Great Neck, presided and Mrs E Freeman Miller, of Freeport, vice-president of the auxiliary, was on the speakers' platform

Dr Joseph Lawrence, director of the Washington office of the Council on Medical Service and Public Relations of the American Medical Association, spoke on "Washington Gossip" He told of the work in his department, which acts as a liaison between the A M A and the general public He related some of the amusing queries which coine from individuals He also discussed questions from legislators and

physicians on bills before Congress

The second speaker was Dr Louis H Bauer, of Rockville Centre, trustee of the AMA, member of Council, and Speaker of the House of Delegates of the Medical Society of the State of New York He ovplained the "fourtcen-point program" advanced by the A M A as a counterproposal to the socialized medicine bills, now before both state and national legislators

Schenectedy County The Auxiliary to the Schenectady County Medical Society had its regular meeting on October 23 at the Mohawk Golf Club Luncheon was served Afterward, Dr. Glen Smith, President of the Schenectady County Medical So-

ciety, spoke informally

A skit entitled "Tho Pains and Passions of Dr Greatheart" was givon by a cast of fourteen meinbers of the Auxiliary The same cast gave a repeat per-formance for the Auxiliary of Sunnyview Hospital on October 30

#### PENICILLIN AND LATENT SYPHILIS

Since penicillin is proving to be very effective in the treatment of primary and secondary syphihs and in early asymptomatic syphilis where the duration of the disease is less than one year, many physicians are wondering whether the drug would be equally useful in latent syphilis, particularly in those patients who are seroresistant to standard methods of therapy

The effectiveness of penicillin in latent syphihs has not yet been determined Latency, by definition, allows no point of observation at which the action of the drug upon a subclinical inflammatory process can be studied. The effect upon the serologic titer appears to decrease with increasing duration of the disease, and in late latent syphilis penicillin is not effective in reversing a positive sero-

logic test to negative
The question of whether the administration of penicillin in latent syphilis will provent later cardiovascular and central nervous system involvement can be determined only after the passage of many The answer can come only through a controlled series of observations such as the study now being conducted by the New York State Depart-

ment of Correction and Health at the state penal institutions At the present time, however, the patient with latent syphihs should be given the institutions benefit of a recognized form of therapy, consisting of arsenical and bismuth injections, and not be made to rely upon a drug of unknown efficacy This would appear to be particularly true in the cases of women who are pregnant

Frequently there arises the problem of a young person, with no history of symptoms, who is found to have a positive serologic test during a routine

examination

Because of the age of the patient, the possibility of recent infection appears hkely, and the physician favors peniellin therapy because of the rapidity with which infoctiousness is controlled and treatment completed in early cases. However, asymptomatic syphils discovered at any age, in the absence of contrary ovidence such as recent negative serologic tests. tests, may be several years old If such patients are treated with penicillin, they should be given the If such patients additional insurance of a year of continuous arsenical-bismuth therapy—I J Brightman, M D, in Health News, Aug 6, 1945

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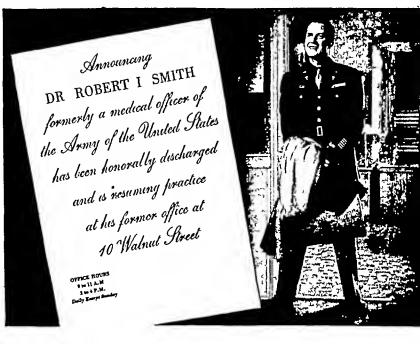
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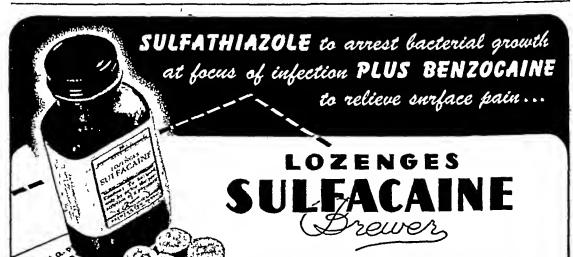
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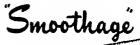
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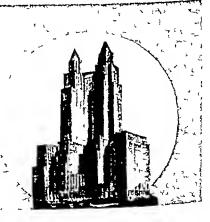
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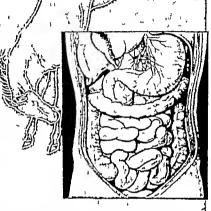


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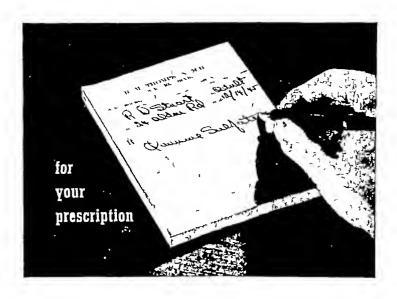
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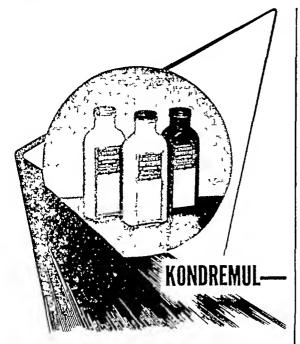
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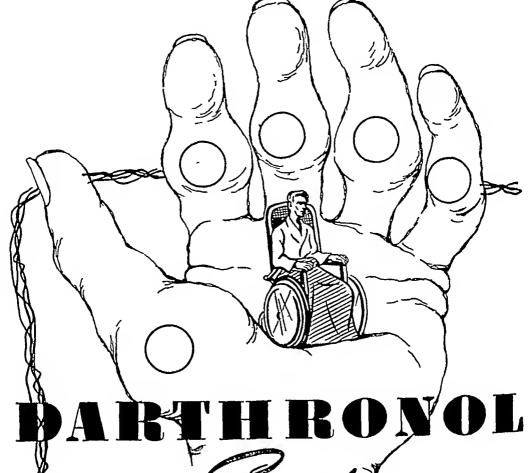
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Each tablespoonful contains 2 minims of pure beechwood creosote and 1 minim of qualacol combined with pepiones and carbohydrates—a unique formula that tends to prevent gastric irritation and eructations

DOSAGE. For adults one teaspoonful hourly SUPPLIED 6 and 12 ounce bottles



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# Medications of Choice FOR THE SPECIFIC INVOLVEMENT



### Huralgan in Acute Otitis MEDIA

#### Symptoms

Pain fever, edema, leucocytosis, sense of fullness and impaired hearing

#### Treatment

Relief of pain and Inflammation— Auraigan

#### Action

Decongestant, analgesic, bacteriostatic.

Scientific data and reprints of clinical studies reporting upon the use of Otesmosan available on request.



### Otosmosan

### in CHRONIC SUPPURATIVE OTITIS MEDIA

#### Symptoms

Persistent discharge, often foul smelling, usually no toxemia, no pain, no fever

### Treatment

#### Formula

### Sulfathlazole carbamide 20% in glycerol (Doho)

#### Action

Deodorizes the discharge, liquifies unhealthy granulations, bacteriostatic, permits normal epithelial ization.

Complimentary quantities for clinical trial

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### emergency injections counter

Peripheral Arterial Spasm

Allied Hypertensive Crisis

Peripheral Vascular Stenosis

Each ampoule contains acetylcholine hCl. (20, 50, 100 or 200 mg.), saligenin 40 mg., propylene glycol q.s. I cc. Dose: 100-200 mg. intramuscular or subcutaneous b.i.d.

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Actively alkaline Contains no narcotics, no injurious drugs Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink.

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Indicated especially far teething pains ın infants

Ingredients Quick acting local enesthetic agents, Hexahydrathymal, Chlarbutanol, in a pleasantly flavared petrolatum base An Ethical Product — Not advertised to the public Available at pharmacles in 1/4 oz. Tubes Somple and Literature on Request

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### Third Degree

In severe thermal burns, when protein needs far exceed the limits of dietary toleration, Parenamine provides extra-dietary amino acids to restore and maintain positive nitrogen balance and correct hypoproteinemia\*

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### For protein deficiency

PAREMANINE is a surfle 15 per cent solution of amino scole containing all known to be essential for humans, derived bysich hydrolysis from cases; fortified with pure 4f-tryptophane

IMPLICATED in conditions of restrict editorake faulty absorption.increased need or excessive loss of proteins such



as us preoperative and postoperative management, extensive burns, delayed healing, gastro-mierunal disorders, levers, et cetera,

ADMINISTRATION may be intravenous intraternal or subcutamous.

SUPPLIED at 15 per cent sterile solution in 100 cc. rubber-capped bottles.

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m securing prompt

and pralonged relief' un bronchial asthma, says Dees
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2601



Very satisfactory are...

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RECTAL SUPPOSITORIES (0.36 Qm. each)

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Metamumi (G. D. Searle & Co.)

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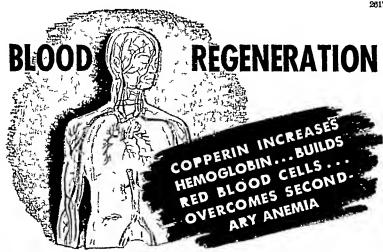
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"custom-made" Protection, designed to meet the described needs of each particular case? Physicians, who know from experience, can tell you that Rice "custom-made" Supports for reducible HERNIA are truly different and that our methods are dependable. With dozens of different styles, shapes and types of pads at our disposal and with a full realization of our responsibility to those who put their faith in us—we respectfully offer our services for your approval. Descriptive literature and measurement charts on request.

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Before Copperin appeared, massive iron doses were inflicted on the anemic Most of the iron was not utilized The excess, excreted fecally, produced gastrointestinal irritation and upset—thus defeat-Ing the original purpose of the clinician

Copperin represents a sclentific conception of iron needs in secondary anemia The Iron content per capsule is small - 32 mgm - but wholly adequate The potent catalytic agent, copper suiphate, makes ALL the iron

available for regenerative processes

There is rapid replacement of hemoglobin and new red cells This is markedly manifested in treating the hypochromic anemia of children, the "milk anemia" of infants, hemorrhagic anemia foilowing blood donation, pregnancy anemia, chiorosis and anemia of middle aged women

In two strengths Copperin "A" for aduits, Copperin "B" for children

Professional samples gladly sent on request

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WATER-SOLUBLE NON-CONSTIPATING



WITHOUT COLOR, even Nature, with all her infinite powers, is handicapped in creating a picture of health. This is particularly true in secondary anemia.

To restore full color to defective, iron-deficient blood, Arsenoferratose Elixir has been the pteferred hematinic of many physicians for over 20 years Distinctive for its palatability, this organic-iron is readily accepted by both children and adults Moreover, it does not cause gastric irritation or stain the teeth

SUPPLY Arsenoferratose and Arsenoferratose With Copper, 8 oz. and pint bottles Ferratose and Ferratose-C (latter contains copper), pint bottles

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Harrison, New Jersey

West Coast Distributors: GALEN COMPANY, Berkeley 2, Californio

### ARSENOFERRATOSE

PALATABLE HEMATINIC

RESTORES FULL COLOR TO DEFECTIVE, IRON-DEFICIENT BLOOD

## In the Protean Manifestations of Thiamine Deficiency

BETHIAMIN, available in a wide range of dosage forms for both oral and parenteral administration, provides appropriate medication for every degree and type of thiamine deficiency encountered.

For oral administration, palatable Bethiamin Elixir provides 6 mg. of thiamine hydrochloride per ounce; Bethiamin capsules are available in various potencies ranging from 1 mg. to 15 mg. For parenteral administration, Bethiamin ampuls and vials are available in potencies up to 100 mg. per cc.



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For oral administration, Bethiamin, crystalline thiamine hydrochloride, is available in capsules containing 1 mg, 3½ mg, 10 mg, and 15 mg, for parenteral administration, in 1 cc. ampuls containing 1 mg, 10 mg, 50 mg, and 100 mg, and in 10, 30 or 60 cc. rubber-capped vials In liquid form Bethiamin Elixir contains 6 mg of thiamine hydrochloride per fluidounce.

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exceptionally will tolerated, and unpleasant side effects are seldom noted.

ORALLY ACTIVE

NATURALLY OCCURRING ESSENTIALLY SAFE WATER SOLUBLE

WELL TOLERATED

"Premarin
"ABLETS

CONJUGATED ESTROGENS (equine)



No. 866 (the YELLOW teblet), in bettler of 20, 100 and 1,000 teblets No. 867 HALE-STRENGTH (the RED teblet), in bottler of 100 and 1,000 teblets

AYERST, McKENNA & HARRISON LTD., 22 E. 40th St., New York 16, N. Y.







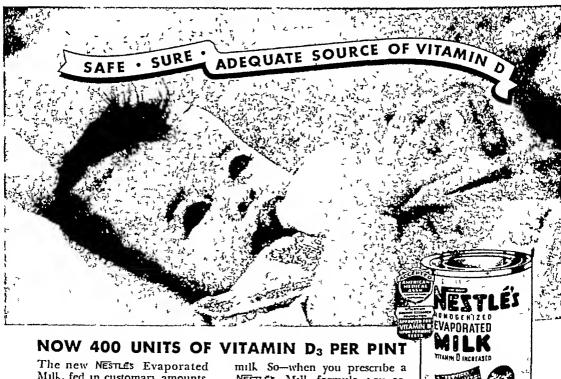
### for SUPPLEMENTAL TREATMENTS

No animal laboratory tests can supply information as a guide to the proper choice of therapeutic footwear. Only the hard-earned experience gained over a generation of fitting shoes to all conditions of feet, and learning from the experience of individuals in all age groups not fitted properly before, can provide the essential knowledge adequate for manufacturing and fitting helpful shoes

Add to this the recommendations of specialists in medicine and you have a dependable source for beneficial footwear that supplements your treatments of any member of the family

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PALATABLE • WELL TOLERATED • THERAPEUTICALLY EFFECTIVE
The development of CALCREOSE (Maltible) has, in
deed, "smoothed the rough spots" in creosote therapy
so frequently provocative heretofore of nausea and
distress • Moreover, CALCREOSE (calcium creosotate)
exerts bactericidal and bacteriostatic action up to
three times as great as that of creosote. • Thus, in
providing all the well known benefits of creosote in
a pleasant and palatable form, CALCREOSE proves
highly effective in many bronchial and respiratory
affections lessening cough, diminishing expectoration, reducing its purulency and deodorizing
sputum; Also it tends to stimulate the appetite
and improve the patient's general condition.

AVAILABLE: As tablets (4 gr) in bottles of 100, 500, and 1000 COMPOUND STRUP CALCREOSE in pint or gallon bottles

Calcreose

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A special preparation such as 'RYZAMIN-B' NO. 2 is needed to meet the distinctive requirements of children when a fortified, natural B complex is indicated. Tasty, honey-like, rich 'RYZAMIN-B' NO. 2 may be made into a delicious spread with jam or peanut butter, may be dissolved in milk, fruit juice, or other beverages, or

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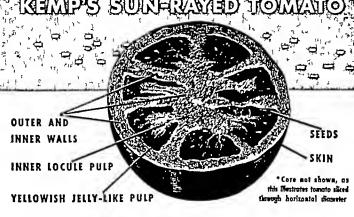
The potency and palatability of 'RYZA. MIN-B' NO. 2, derived from natural sources as a concentrate of oryza sativa (American rice) polishings fortified with pure crystalline B vitamins, make it a prepara tion of choice for both young and old.

TUBES OF 2 OZ. AND BOTTLES OF 8 OZ. Three grams daily provides Vitamia B<sub>1</sub>. (Thiamine Hydrochloride) 3 mgm. (1 000 U.S.P. Units): Vitamin B<sub>2</sub> (Ribollavin) 2 mgm ; Nicotinamide 20 mgm, and other factors at the B complex . Ryzamin B' registered trademark

added thiamine hydrochioride, riboflavin, nicotinamide



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Except for skin, seeds and core,\* all regions of this tomato are important to you in tomato juice. That's why we use the whole tomato, mi nus skin, seeds and core, for Kemp a Sun Rayed brand Tomato Juice. Note proportion of three primary regions pictured above, left Just right for finest flavor, high nutrition, rich red color and proper consistency No ordinary field to matoes these, but a special strain developed through 23 generations of tomato culture. We convert these tomatoes into Kemp s Sun Rayed by our patented process which insures high retention of vitamins A, B1 and C.



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BONDS



- CARTOSE\* provides the carbohydrates held to be desirable in infant feeding—nonfermentable high dextrins, plus maltose and dextrose;
- CARTOSE lends itself to such formula adjustments as may be necessary for the needs of the infant,
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GASTROINTESTINAL disturbances are minimized when CARTOSE is used as a milk modifier Each one half ounce (one tablespoonful) supplies 60 calories

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Kinney

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It is desirable to maintain antirachitic medication in children from infancy up to 14 years of age.

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GREATER AND MORE PROLONGED

ACID-NEUTRALIZING POWER

STOPS PAIN PROMPTLY. .
HOLDS IT IN ABEYANCE.
PREVENTS RECURRENCE AT NIGHT

Chloride depletion, astringent action, and the resultant undesirable constipation which beset so many other antacids are absent from Magmasil therapy. Hence patient cooperation is assured and rapid clinical results ensue in peptic ulcer, gastritis, hyperchlorhydria

Magmasil, a palatable, stable aqueous suspension of hydrated magnesium trisilicate, neutralizes 86 cc of N/10 HCl per teaspoonful This action is exerted over fully four hours, permitting of fewer administrations, simplifying treatment

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No Aluminum

Hydroxide Used

to Hold It In

Suspension; Hence

No Undesirable

Astringency,

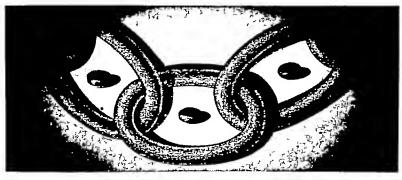
No Constipation

IN PEPTIC ULCER...

GASTRIC HYPERACIDITY...

ACUTE AND CHRONIC GASTRITIS

masil



# STRONG LINKS For Iron-Deficiency Anemias

In hematinic and regenerative therapy, the combined action of Vitamin B Complex, plus Liver, plus Iron is more effective than any one or two of these. The nutritional influence of liver and vitamins assists in the nutrition of iron for bemoglobin production

Multiple prescription writing to achieve the desired therapentic results is not only time consuming for the physician, but inconvenient and expensive medication for the patient.

Each ENDOGLOBIN TABLET contains Liver residue 3 gr, Ferrons Sulfate, Exsiccated (U.S.P.)

3 gr, Thiamine HCl 1 mg, Riboflavin 0 66 mg and Niscin 10 mg

For intritional anemias not intended for permi

Samples and literature to physicians on request.

ENDOGLOBIN

7allets



# PROMPT RESPONSE IN TRACHEAL COUGH

Chnical evidence indicates that the dry, rasping, tracheal cough, which frequently persusts following influenza and pneumonia, responds promptly and favorably to a recently developed systemic and Symptomatic approach employing ··McNEIL

Each fluidounce Elisir Bracodin represents .221/2 grains Tincture Quebracho .

nvestigations reveal that the group of alkaloids obtained from the respiration of Achidocharma Oughracha Manco etimulate the respiration bearing of Achidocharma Oughracha Manco etimulate the respiration of the party of Achidocharma Oughracha Manco etimulate the respiration of the party of Achidocharma Oughracha Manco etimulate the respiration of the party of Achidocharma Oughracha Manco etimulate the respiration of the party of Achidocharma Oughracha Manco etimulate the respiration of the party o the bark of Ashdosperma Quebracho blanco stimulate the respirative bark of Ashdosperma Quebracho stimulate the respirative bark of the the Dark of Aspidosperma Queeracho vianto stumulate the respiratory center without marked action upon the heart the everemic
able pharmacologic effect to further enhanced by the everemic tory center without marked action upon the near 11115 value able pharmacologic effect is further enhanced by the systemic able pharmacologic effect is further enhanced by the systemic action of poraccing colored in home fine and containing the secretion of poraccing colored in home fine and containing the secretion of poraccing colored in home fine and containing the secretion of poraccing colored in home fine and containing the secretion of poraccing colored in home fine and colored in home and Leving have recently demonstrated the extremon of the action or porassium todide in inquerying the excretion of the and Leving have recently demonstrated the excretion after and Leving the branchial secretion after and administration and Leving the branchial secretion after and administration and Levill nave recently demonstrated the excretion of the loddes in the bronchial secretion after oral administration.

Also by the influence of embedging in releving the bronchian notices in the pronchial secretion after oral naminismation after oral naminismation.

Also, by the influence of ephedrine has proven of special value negations free breathing. Recoding has proven of special value negations free breathing. Also, by the induence of ephedrine in relaxing the bronch value permitting free breathing, Bracodin has proven of special value in the treatment of

in the treatment of

Chronic or capillary bronchitis Chronic irritations of the respiratory tract Bracodin is well rolerated The Elixir may be given in water, or with pracoding is well colerated line Elixir may be given in watch, or with the standard vehicles, or with the standard vehicles, combined with the borrier of one nint and one four luices, combined in borrier of one nint and one code one or paregoric. ruit Juices, combined with the standard venicles, of will codeine or paregoric Supplied in bottles of one pint and one reducer

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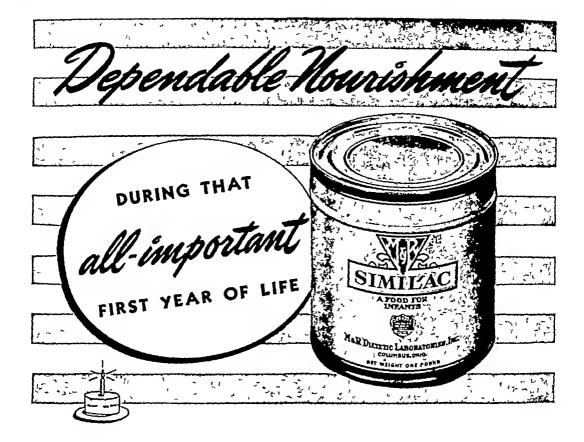
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NEPERA CHEMICAL CO. INC.

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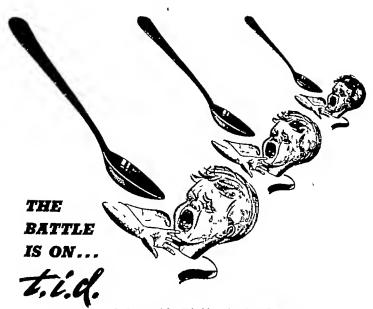


The well nourished baby is more resistant to the common ills of infancy. Moreover it is during that all-important first year of life that the very foundation of *future* health and ruggedness is laid. Similac-fed infants are notably well nourished; for Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes the bottle fed infant — *from birth until weaning*.



A powdered, modified milk product especially prepared for infant feedlog, made from tuberculin tested cow s milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, com oil and fish liver oil concentrate





A disrupted household and a harassed family usually attend medicine time of the acutely ill youngster No such problem exists when treating acute tonsillitis with Analbis.

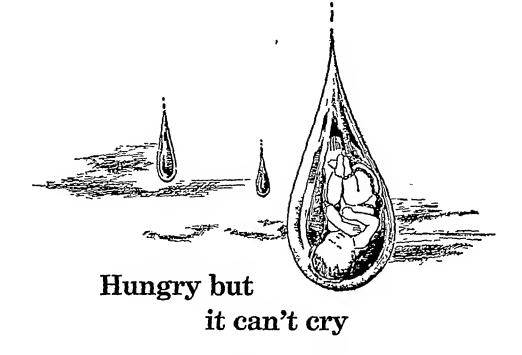
One suppository daily is all that is needed for simple yet effective therapy

Analbis Suppositories contain the bismuth solt of heptadienecarboxylic odd; adult suppositories contain 0 135 Gm, child size suppositories 0 0675 Gm of this salt Dosage should be carefully adjusted according to age

Available: In packages of 2 suppositories

# ANALBIS SUPPOSITORIES

Send for sample literature and reprints



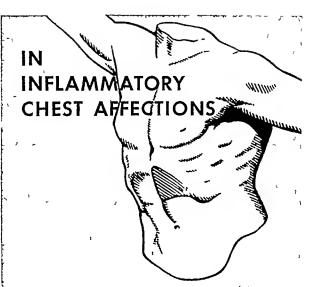
The fetus has no way of expressing its need for vitamins and usually the mother is not aware of the insidious drain that pregnancy may be upon vitamin stores. Both fetus and mother can be amply and safely provided for with

# a UNICAP\* a day:

Vitamın A	5000	U	S P	units
Vitamın D	500	U	S P	umts
Ascorbic Acid (Vitamin C)			37.	5 mg
Thiamine Hydrochloride (Vitamin	B <sub>1</sub> )		2	5 mg
Riboflavin (Vitamin Bz, G)			2.	5 mg.
Pyridoxine Hydrochloride (Vitamin	$B_6$ )		0	5 mg
Calcium Pantothenate			5	0 mg
Nicotinic Acid Amide (Nicotinamid	e)		20	0 mg
AVAILABLE IN BOTTLES OF	7 24 A	NI	10	0

FINE PHARMACEUTICALS
SINCE 1886





# NUMOTIZINE

DISPELS CONGESTION

RELIEVES PAIN

Whether or not chemotherapy is being employed, decongestive therapy—as provided by Numolizine—is decidedly important in pneumonitis, grippe, tonsilitis, influenza and similar conditions

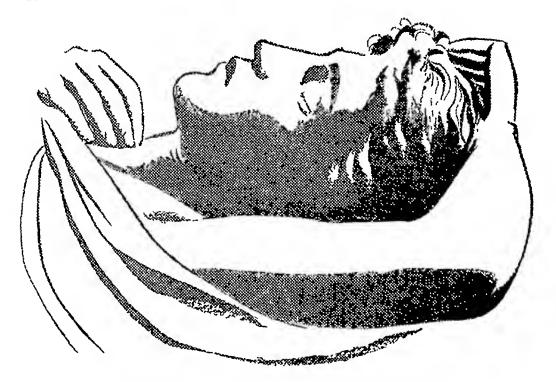
NUMOTIZINE, Inc.

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the attainment of another objective in the field of nutrition



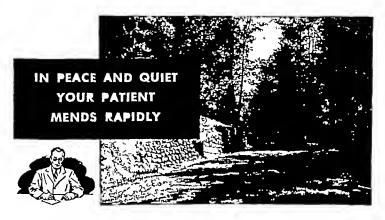
The SQUIBB THERAPEUTIC FORMULA Vitamin Capsule is a truly therapeutic mixed vitamin preparation. It is founded on the concept that therapeutic requirements cannot be met by any simple multiple of present maintenance dosages.

Squibb Therapeutic Formula, based on practical clinical experience, provides the following dosages of therapeutic magnitude in a single capsule

Vitamin A 25,000 units Riboflavin . . . 5 mg
Vitamin D 1,000 units Niacinamide 150 mg.
Thiamine HCl 5 mg Ascorbic Acid 150 mg



VITAMIN CAPSULES



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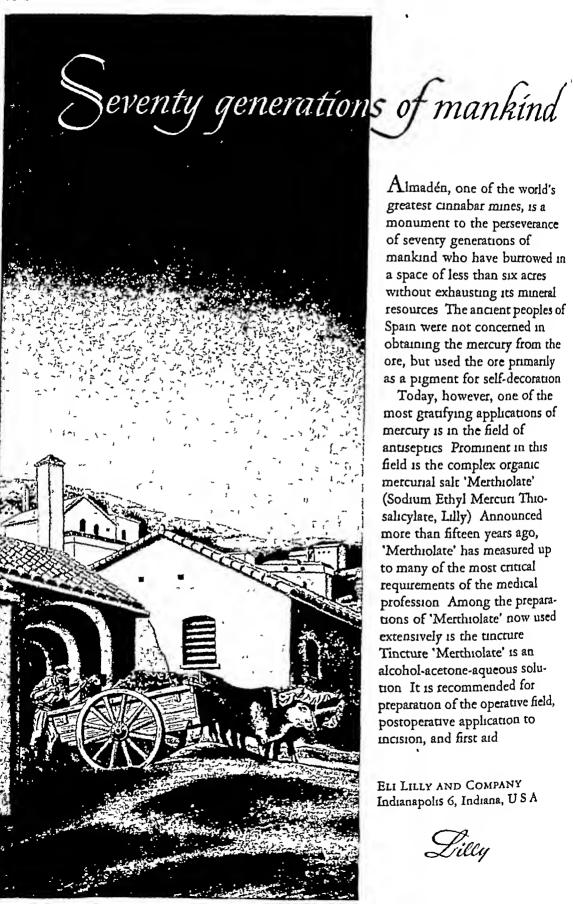


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# NEW YORK STATE JOURNAL OF MEDICINE

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# **Editorial**

### Answer The Higher the Fewer II

In our December I issue, referring to the about-face of the Board of Regents on September 21, 1945, in the matter of admitting to examination for state licensure certain graduates of unrecognized medical schools, we titled our editorial "When Is Higher Education as it Spins?" We now caption this editorial "Answer The Higher the Fewer" Both captions seem to make as much sense as the action of the Board of Regents

Now, possibly we are unjustly critical of the Board We hope that this will eventually prove to be so We, most likely, are a fault in our dull way, for failing readily to grasp the idea behind it all For instance, we just can't fathom why the Regents opposed the proposition to admit to examination for state heconsure certain graduates of unrecognized or substandard medical schools when the legislature decided to do this very thing earlier in tho year, and now, presunably on their own motion, approve regulations to effect the thing they have just finished opposing Such an about-face might be understandable, say, in the U.S.R.

But this is not the USSR. It is the State of New York, USA Or, at least, that has been our impression Now, we don't know what to think.

Maybe we are raising a tempest in a teapot in our blundering editorial way. We are assuming that the actions of the Board have to make sense. Is this assumption justified? Looking over the record of past years, the actions of the Board with respect to standards of medical licensure have seemed to be on the side of maintaining the highest possible standards for protection of the public. We can find the law that compels them to do so I It also seems to be a matter of common sense that they would do so, since that seems to have been the job they were appointed to do, and apparently did do until September 21, 1945 Of course. this entails only a little matter of the erosion of standards of medical licensure haps we are picayune in expecting consistency of the Board, even in small things of this kind

<sup>&</sup>lt;sup>1</sup> University of the State of New York Handbook No. 9 Jan., 1944, Higher Education, ¶ 1256 Sections 1-5.

Why should the Board be denied a little excursion through the looking glass now and then? We have never concurred in the waggish dictum that boards were usually long, narrow, and wooden, and here is the proof

They can be human and fallible, warmhearted and playful! And likely we are just stodgy old fuss-budgets with little or no imagination, no sense of humor, and probably unreasonable in the bargain

What a world!

# Medical Rackets

Of all undesirable things, racketeering in medicine, trafficking in human misery, could be said to be about the worst. Current reports of witnesses testifying in the trials of those responsible for the horrors of the Nazi prison camps occasionally allude to the degradation and degeneracy of Nazi doctors, of whom in all conscience the less said the better

It seems doubtful that doctors and the kind of medicine they learn and practice could degenerate all at once Many centuries of high ethical standards and practices in this profession have graven deep the precepts, have multiplied the examples. Individual failures to uphold them one understands After all, doctors are human beings But the disciplines of medicine have been and are still valid

Where, however, political disciplines are permitted to dilute or are substituted for those of medicine itself, by so much the rights of the individual sick to medical service of a high ethical or scientific quality are infringed. This is not necessarily to impugn all political disciplines, but to damn them as diluents or substitutes. And the more the political disciplines are rotten the more malodorous the mixture.

If you don't think this is so, argue it with the New York Times "Medical Rackets," says the rewspaper in headlines! covering a wireless dispatch by Quentin Pope under dateline of October 5,2 "Medical Rackets Grip New Zealand" That should stir up some action. It does The subhead reads "Government Weighs Scrapping of Free Physician Service—Bills Thickly Padded" Now here appears the smear technic which seems to be inevitable when systems of "free" medical service are introduced. To

October 7, 1945, pp 1 and 31 From Wellington, New Zealand.

sell the idea of "free" medical service to the public proponents of socialized medical service promise more than can be produced To implement the service, insufficient appropriations are made to provide the "free" care, because, in the inception of the scheme. to mention the predictable real cost would run the sale of the project to the people Then, when the mevitable failure of the scheme commences because of abuse of the "free" medical service by the public which demands what it thinks is its money's worth, the doctors find themselves ground between the upper and nether millstones Medical disciplines have been diluted or substituted by political ones and the mixture sturks

The New Zealand dispatch to the Times continues

"Because of abuses, the Government is senously considering whether New Zealand's free physician service will be continued, Health Minister Arthur Nordmeyer said last night in the House of Representatives

"This government admission of widespread racketeering which followed the institution of a system under which any New Zealander may consult any physician as frequently as he likes and the dootor can collect a fee for each visit follows efforts by the National Medical Council to have the Health Ministry act to control what it holds to be an unwarranted drain on the social security fund

"It has been revealed that, though many doctors are still in the armed forces, payments to doctors have been 50 per cent higher than the \$5,000,000 a year that the Government calculated would cover the total annual peacetime cost of medical care

Note that the costs have been 50 per cent higher than the amount the Government calculated would cover the total annual peacetime cost

Just a slight mistake of the proponents,

but easy to fix. How? The dispatch shows you

"The Government, which originally strove to employ physicians on the basis of a fixed annual fee for each patient, is believed determined to put doctors on a fixed income "

That will stop the racketeering Note that the ever-loving Government originally strove to employ physicians at a fixed annual fee We reported that to you in our issue of the Journal, March 15, 1941, as follows, in part, "It is estimated that the payments would give even unsuccessful doctors the equivalent of \$700 yearly" Munificent, is it not? Well, the physicians could have told the Government that it would not do And they did Results? Trouble, inevitable trouble. Racketeering The remedy? Application of common

<sup>2</sup> Editorial, "New Zealand Acts" N Y State J M. 41: 6, 558 (March 16) 1941.

sense? What would you expect? Well, look

"Government leaders have retorted that the present income taxes, which go as high as seven-eighths of all earnings, enable the Government to recover most of the money paid to such doctors."

Here is the remedy according to Government. But there is a bright side, apparently, for

"Parliamentarians emphasize that since free medical care began New Zealand has created the biggest hospitalisation set-up in the world"

Well, it'e all very mysterious But we etill oppose Government in medicine for some reason What do you think? The USA, is a free country and you may think as you please. And we could be wrong on both counts.

### Common Sense in Veterans' Medical Care, II

In the September 15, 1945, issue of the JOURNAL we published under the above title an editorial discussing the very interesting, practical, and well-thought-outplan of the Monmouth County (New Jersey) Medical Society for the outpatient care of veterans

On September 27, we received a communication from a Committee of sixteen physicians in service who were interested in our statement of the plan. These physicians seemed to consider the plan the only practical solution of the problem of outpatient medical care for veterans, but objected to the omission of the words "physician-veteran" in the statement. They consider this discriminatory, and point out that "the entire stress is on specialists." They further point out that

"The Army and Navy have functioned on a dispensary basis where the screening doctors are general practitioners. If they thought it necessary the patient was then referred to a specialist. This Army and Navy medical-care plan has been adequate, as shown by the results of this recent war

<sup>1</sup> Pp. 1964 and 1965.

A continuation of this system seems the only logical procedure. Any plan set up, we believe, must be based upon physicians returning from military service. It may be that he may have to call on nonveteran specialists if the need arises for assistance

"In this veterans' plan those men who were 'essential' to their communities or those who were permitted long residencies or whose 4-F status prevented them from inducting (sic) military service are unfit by their lack of military experience to treat the service-connected adequately abilities and illnesses. The doctors who have this experience know the ills of the veterans, the whys and the wherefores of those ills We are more capable of doing justice to the veteran and to the community than the doctors who have been home all this time. In the second place, some of us will need and feel we are entitled to priority in securing these veteran outpatients. In spite of all the complaints of overwork on the part of civilian physicians it seems unbelievable that they are seeking additional work.

Your plan will automatically exclude many of us as we are not 'specialists' At this stage, we are too tired, or too old, or too broke or will need many years to get 'specialty status'",

We sent this letter to the Monmouth County Medical Society, explaining that we thought the service doctors had misunderstood the plan as published From Dr Granville Jones, President of the Monmouth (New Jersey) County Medical Society, we received a reply, from which we quote, in part

"We have no intention whatever of excluding the veteran physician from our plan Neither do we believe that it would be a wholesome and constructive approach to limit participation to veteran physicians. We think that the exserviceman is entitled to the best medical care available—whether the physician be veteran or nonveteran, male or female, Protestant, Catholic, Jewish, or what have you Some of the examining specialists will be veterans of this or the previous war, and many of the physicians treating the patients will be veterans.

"It will be unfortunate if there arises any class feeling within the medical profession. We trust that when the returning veteran physicians become acquainted with the details of our plan they will realize that it is not, in fact, discriminatory against them."

We are happy to publish this explanation for the benefit of any physicians in the services who may have received a wrong impression of the intent of the plan. Our own view coincides exactly with Dr. Jones' statement. We realize only too well that misunderstanding may occur when opportunity for free discussion is denied by circumstances, or when, for some reason, ideas are not stated sufficiently clearly. If anything can be misunderstood it will be misunderstood.

We append, through the courtesy of Dr. Jones and the Monmouth County Medical Society, the agreement between the Society and the Veterans Administration in full The plan and agreement are too excellent, in our opinion, to be jeopardized by misinter-pretation. Again we urge other county societies to study the plan for possible adoption in their own localities. And we urge service doctors to read it carefully with a view to later participation in their communities.

Veterans Administration Washington 25, D C October 12, 1945

IN. Y State J. M.

Dr Granville L Jones, President Veterans' Committee Monmouth County Medical Society New Jersey State Hospital Marlboro, New Jersey Dear Dr Jones

Confirming the agreements reached in our discussion this morning, I am committing to writing the plan for the provision of outpatient care for the veterans of Monmouth County, New Jersey, by the Monmouth County Medical Society

- 1 All members of the Monmouth County Medical Society, and of other County medical societies in New Jersey, who are designated by the Monmouth County Medical Society, will, with their consent, be designated as part-time physicians of the Veterans Administration
- 2 The Monmouth County Medical Society will establish in such hospitals as it may determine, triage or sorting clinics. Such clinics will be open for the examination of veteran patients at such times as the need indicates, probably once each week or oftener. Each such clinic will be staffed by such specialists as are indicated after a trial. The function of these clinics is
  - a To determine by examination whether or not the veteran needs treatment

b To determine what such treatment should be and where it should be given

c In cases where treatment is authorized by the Veterans Administration, to refer the patient to the proper physician or hospital for such treatment

3 The Monmouth County Medical Society will form a disciplinary or reference committee to see that the patient receives the treatment indicated by the designated physician, and to pass upon complaints from all sources

4 The Monmouth County Medical Society will operate this program for a trial period not to exceed three months without pay, except that physicians giving treatment authorized by the Veterans Administration will be paid fees. The Monmouth County Medical Society will submit to the Veterans Administration a schedule of fees which its members believe to be reasonable and just, and the Veterans Administration, after consultation with the Society, if necessary, will determine the schedule of fees to

be paid. Except for the payment of authorused service to patients, the Veterans Administration will not be obligated financially during this trial period

The Veterans Administration will provide the proper haison and facilities for making prompt decisions as to service connection in each of the clinics

I want to express to you and your mem-

bers again my deep appreciation of your splendid cooperation, and my assurance that I shall assist you in every way in this program

With kindest regards, I am

Sincerely yours, PAUL R. HAWLEY. Major Gen., AUS, Acting Surgeon General

### Otosclerosis in Pregnancy

Progressive deafness in women is frequently assumed by both physicians and the larty to present an adequate reason for the interruption of an intercurrent pregnancy, mainly because of its assumed effect on tho patient and the possible transmission of the affliction to the offspring

We know little about this disease, as a matter of fact A mere hereditary factor does not explain the pathologic process by which spongy bone is deposited in the area of the ear ossicles and the oval window Certain German observers have assigned the process to a definite Mendelian mechaman, others deny that these conclusions are valid. It is not possible to prophesy from available clinical evidence whether the progeny will be afflicted or whether eugenic measures will stamp out the disease, as claimed by some Again the natural changes

in the endocrine system, particularly during the early months of gestation, may have an influence on embryonic tissues at this period The latter assumption, however, seems too indefinite to warrant therapeutic measures along these lines at the present time

In view of all these uncertainties one must welcome the conservative attitude expressed in two recent articles on this subject, one by an obstetrician, the other by an otologist ? The general practitioner as well as the specialist should not be too ready to advise abortion in such cases. We know too little about the cause of the disease to warrant radical measures Every case must be coneidered on its individual indications, no general rule is applicable.

Allen, Edward Am. J Obst. & Oyneo, 50; 83 (Jan.) 1945.

 \* Barton, Richard T : New England J Med. 233: 483 (Oct.

11) 1945.

#### Current Editorial Comment

#### Of This and That

Significant The Increase in Syphilis of the dissolution and social dislocation wrought by the Nazis in Europe is the widespread increase of syphilis which has oc-curred during World War II in Denmark, 8weden, and Norway The notable success achieved in these countries between the two World Wars had made syphilis "almost a rare disease" in 1933, according to Dr

Walter Clark, speaking for the New York City Commission to Investigate the Prevention and Control of Syphilis and Gonorrhea.1

In a recent Monthly Statistical Letter, the Venereal Disease Division of the United States Public Health Service calls attention to the following data taken from an article published in the Epidemiological Information Bulletin for June 30, 1945 released by the United Nations Relief and Rehabilitation Administration

No attempt is made in the article to analyze the various factors contributing to the increased attack rate in these countries, but the figures themselves indicate increased control measures are essential in wartime. The fourfold increase in syphilis incidence in Sweden, a country not directly involved in the war, is significant.

In view of Sweden's acknowledged leader-ship in venereal disease control, it is interesting to note the emphasis which that country continues to place on contact investigation. Appraisal of this procedure and comparison with other methods of case finding is pertinent at this time. The closing sentence of the article referred to in the UNRRA Epidemiological Information Bulletin indicates the importance of such evaluation.

"One of the tasks awaiting the coming World Health Organization might be to undertake a comparative study of methods of combating venereal disease in order that systems the value of which have been proved may be adopted in preference to procedures found less successful in the past"!

General Omar N Bradley has ordered the Veterans Administration reorganized so that its functions will be decentralized to thirteen branch offices as rapidly as possible Simultaneously, he named Mai Gen. Paul R Hawley as acting Surgeon General of the agency and made these other appointments.

Col Eldon L Bailey, recently released from the Army, to serve as his executive assistant.

Dr Charles M. Griffith, medical director, as assistant to General Hawley.

A. D Miller, formerly executive assistant to the Administrator, as assistant to General Hawley on administrative affairs

The new branch offices will be set up in districts roughly comparable to Army Service Command areas. They will supervise the work of fifty-three existing regional offices and of hospitals and other facilities. Insurance and death claims may be transferred later to the branch offices.

General Bradley cautioned against expecting any miracles from the reorganization. He said, however, that he hoped within two months to bring lagging veterans' death and insurance claims up to date

He said that when he took office a month ago the Veterans Administration was functioning satisfactorily for 5,000,000 men, but that the load shortly will be 20,000,000 men.

"They're being thrown on us in a hurry," he said.

Meanwhile, the House Veterans Committee urged that the Veterans Administration be given the necessary office space and personnel forthwith so that veterans and their families will not have to wait months for benefits which have accrued "or the employment to which they are entitled"

# Immediate Return of Directory Information Requested

DOCTORS are urged to return the biographic and World War II Service cards recently sent to them immediately, as soon as the requested information has been filled in. This is important in order not to delay publication of the 1946 Medical Directory of New York, New Jersey, and Connecticut.

<sup>&</sup>lt;sup>1</sup> Health News, Vol. 22, No. 32, Sept 3, 1945

Herald Tribune, Sept. 15, 1945.

#### EXTRAPERITONEAL CESAREAN SECTION

With Special Reference to the Waters Technic

RAYMOND J PIERI, M.D., and FRANCIS R IRVING, M.D., Syracuse, New York (From the Department of Obstatrics Syracuse University College of Medicine)

URING the past decade there have appeared in the literature many pleas for the abandonment of the old classic cesarean section. Indirectly, one of the aims of this presentation is to submit to the conscientlous obstetric surgeon one more entreaty for the final abolition of this

now almost obsolete operation

Obstetrics has diligently kept pace through the years with the improvements noted in the other surgical specialties Of this art it may truly be said that the midnight oils have been burned long past the midnight hour-but not in vain out of the experiences of those thousands of wearsome nights has emerged the proficient, modern obstetric surgeon. Progress in obstetries, which is as old as humanity itself, has not been meteoric It has, however, more than any other specialty, attained its accomplishments literally through blood, sweat, and fears From ocean to ocean had come dismal reports of mor bidity and mortality following performance of the classic cesarean. To supplant this procedure there was introduced a slightly more technical but safer ebdominal section—the laparotrachelotomy, low-flap, or lower-segment operation Other improvements and other procedures have likewise been introduced

Today the competent, streamlined obstetric surgeon is no longer skilled only in the use of forceps. He is, in addition, a hematologist, surgeon, and gynecologist, who brings comfort in the form of relief to the parturient, and safely shortens her labor, and has, besides, a profound respect for the fetal brain and the structures of the hirth canal He shuns the classic cesarean, and has abandoned the old Porro operation He shrinks from the permanently damaging effects of high forceps delivery upon the hahy's brain and upon the mother He discards craniotomy, and is almost convinced that he should perhaps also discard even those former insignia of his arduous art, the axis-traction forceps

In well-selected "clean" cases, given the proper indications for intra abdominal delivery, he operates through the noncontractile lower segment of the uterus, employing the relatively bloodless technic of one of the various transperitoneal exclusion or laparotrachelotomy procedures However, when labor has been unduly

Read at the Meeting of the Eighth District Branch, Medi-cal Society of the State of New York, Buffalo, October 4 1945.

prolonged, when potential or actual infection is present, when obstetric abuse or mismanagement, real or suspected, exists and makes such transpentoneal delivery hazardous, his equanimity remains undisturbed He etill has recourse to a comparatively safe suprasymphysial extraperitoneal procedure For it is in precisely the latter type of case that extraperitoneal delivery becomes to the surgeon a source of genuine consolation

Our present low cervical or low flap operations owe their popularity for the most part to the extensive studies of Sellheim<sup>1</sup> (1910) concerning the surgical anatomy of the pelvis, the attachments of the peritoneum, and its relation to the bladder Noting the advantages of operating through the low, noncontractile portion of the uterus he devised the so-called fourth operation of Sellheim, which provided the fundamental steps of the present laparotrachelotomy of Opits, Krönig, Franz, DeLce, and Beck. These procedures. of course, though greatly superior to the old classic operation, are, nevertheless, transperitoneal or intrapentoneal operations, so do not completely obviate the danger of contamination of the abdominal cavity from uterine "spill" and the lurking dread of peritonitis

To devise a truly extraperitoneal operation that can be performed with reasonable facility has long been the dream of the obstetric surgeon As early as 1820 Ritgen's attempted to enter the lower uterine segment by inciming above and perallel to the right Pouparts' ligament displacing the intact pentoneum upward and retracting the hladder laterally, he exposed and incased the uterus, but such severe hemorrhage ensued that the operation, gastroelytrotomy, was abandoned and completed by the classic ronte According to Dewees, Physick had recommended a similar operation in 1824 but had never attempted it.

The year 1909 brought forth the two extraperitoneal operations of Döderlein and Latzko . The aim of each of these procedures is to reach the passive segment of the uterus by bluntly dissecting the peritoneum neward over the upper left of the bladder, while that organ is pulled downward and to the right. Thus, there is exposed about one half of the field originally covored by the latter organ A longitudinal incision into

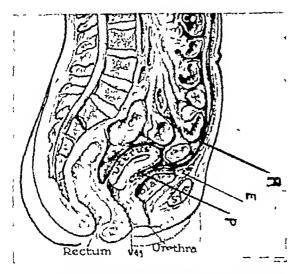


Fig 1 Relation of peritoneum to pelvic organs in nonpregnant state A, parietal peritoneum, P, uterovesical space, E, extraperitoneal space

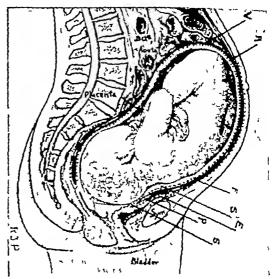


Fig 2 Pregnancy at term Deep engagement of head A, parietal peritoneum, E, extraperitoneal space, F, transversalis fascia, P, uterovesical space, S, lower segment, V, visceral peritoneum.

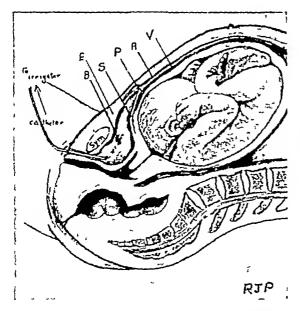


Fig 3 Pregnancy at term Floating head. The bladder is distended with solution A, parietal peritoneum, B, bladder, E, extraperitoneal space, P, uterovesical space, S, lower segment, V, visceral peritoneum.

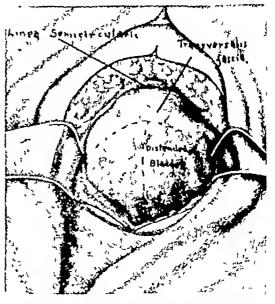


Fig 4. (After Waters) A T-shaped incision is made over the bladder down to muscularis. The peritoneal attachment is above the transverse portion of the incision.

the uterus then serves as a means of delivery of the child

Aldrich<sup>6</sup> still further modified this approach (1937) by incising the fascia of the perivesical capsule in the midline and retracting the bladder sufficiently to enter the uterovesical space. In the case of a large baby the space made available

for delivery in these operations, however, sometimes invited great risk of injury to maternal structures and made delivery a formidable procedure

In the United States, until 1939, Davis, Burns, Steele, Norton, and Aldridge had performed collectively what was probably the largest

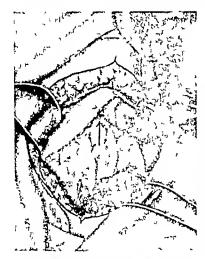
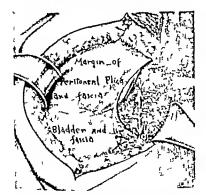


Fig. 5 Dissection of the perivesical fascia upward carries with it the adherent peritoneum.



Fro 7 The finger raises the peritoneal fold Note the "tugging" of the fascia. Dissection across the bladder proceeds from left to right. L. S., lower uterine segment.

number of cases delivered by the Latzko or modified Latzko method In January of that year Dr Edword G Waters proported a series of 32 cases in which he had successfully accomplished extraperitoneal delivery in accordance with a new and apparently safer modification of opera

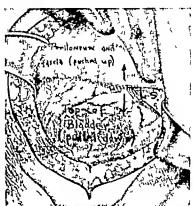


Fig. 6. As the pentoneum and fascas are dissected upward, the left top of the bladder is carefully pushed downward, revealing L. S. (the lower uterine segment) and the left margin of the pentoneal "sac,"

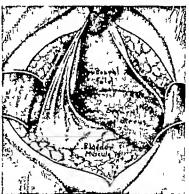


Fig. 8. As dissection continues the divested bladder drops downward. More and more of the lower segment is thus exposed.

tave technic. To demonstrate the surgical simplicity of this latter operation, to stress to the obstetrio surgeon that it is both rational and practicable, and to emphasize its advantages are the real purposes of this presentation.

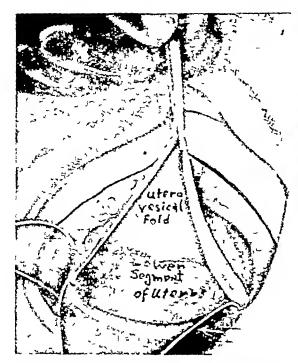


Fig 9 The uterovesical fold of peritoneum is completely separated from the bladder, which is now held behind the pubes by means of a retractor

This so-called direct supravesical operation is based upon certain well-established anatomic facts

The first essential, briefly expressed, is concerned with the distribution of the fascia endopelvina 11-15 The latter (pelvic fascia) is practically a continuation of the transversalis fascia, a thin, avascular aponeurosis which forms a line of cleavage between the inner surface of the transversus abdominis muscles and the extraperitoneal fat The transversalis fascia lines the entire abdominal wall, and in the midline separates the peritoneum from the posterior sheath of the recti muscles from above downward to a short distance below the navel Here, the posterior rectus sheath terminates in a definite margin (linea semicircularis). From this point the transversalis fascia, lying now between the peritoneum and the posterior surface of the recti, descends to become more or less continuous with the pelvic The main sheet of the pelvic fascia gives off four layers,14 one a laminated layer that encloses the bladder (fascia vesicae or perivesical fascia) and a second that envelops the uterus (fascia uten) A third layer forms the vesicovaginal septum, while the fourth forms the rectovaginal septum.

It is well known to all who are familiar with surgery of the lower uterine segment that the peritoneum covering the uterovesical space (Fig



Fig 10 Additional retractors expose a wide area of the lower segment. The proposed crescentic incision is made as indicated (see text)

1) is freely movable and that the bladder can be separated from the uterus bloodlessly and with remarkable ease between the respective fascial coverings of these two organs. This loose attachment between peritoneum, bladder, and lower uterine segment, greatly increased during pregnancy, permits enlargement of the gravid uterus and proper function of the bladder (Fig. 2), which obviously could not distend if restricted by rigid fascial or peritoneal bands. Only at the summit and posterior aspect of the bladder are the peritoneum and perivesical fascia intimately adherent to each other. This close adherence is limited to a relatively small area.

Cognizant of these factors, we have performed a series of extraperitoneal operations employing a technic that is practically identical with that demonstrated by Waters

#### Procedure

After the usual preoperative preparation for cesarean section, a retention catheter is connected to an ordinary irrigator containing 500 cc. of sterile indigo-carmine, or methylene blue solution of which about one half or more is allowed to flow into the bladder (Fig. 3)

Distended in this manner, the bladder cames with it the adherent peritoneum upward into the superficial portion of the proposed operative area (the extraperitoneal space) This facilitates the task of dissection

The operator works usually from the patient's right side. Through either a low left paramedian incision or a Pfannenstiel incision the recti muscles are separated and rather widely re-

TABLE 1 --- RESULTS OF OPERATION BY 11 "CLEAR" CASES

Case	se Hours of Delivery Bab			by • Weight			Day of
No.	Labor	by	Pounda	Ounces	Culture Yield	Complications	Discharge
1	11	Varaion	ð	10	Negative	Infected wound	19
6	19	Forcepa	e	14	Staphylococcus	None	14
7	14	Vectla	7	1	Negative	None	12
•	21	Manual	7	7	Negative	None	14
12	0	Breech	7	3	Negative	None	14
13	0	Forceps	7	0	Negative	None	13
14	23	Vectle	e	2	Negative	None	15
15	29	Vectis	e	4	Negative	None	14
17	0	V octio	6	14	Negative	None	13
19	17	Vectis	7	15	Negative	None	14
20	15	Vegtle	8		Negative	None	13

tracted laterally from the midline, exposing the intact transversalis fascia between the linea semi-circularis above and the pubes below The area thus exposed demarcates the proposed operative field The outline of the distended bladder is visible through the intact transversalis fascia, which is now carefully and gently incised vertically to expose the underlying and more closely approach the proposed fascia.

woven layers of the perivesical capsule of fascia A short (1 or 11/2 inch) vertical incision through the laminations of this fascia down to the bladder muscularis is now cautiously made in the midline, beginning a few cm below the bladder fundus in order to avoid the attached peritoneum. Various small blood vessels on the surface of the muscularis and as a landmark at this stage of the procedure. With the closed scasors or with the knife handle the fascia is freed from muscularis and incised transversely The bladder musonlars has now partially been exposed by two incanons, not unlike the letter T (Fig 4), made through the antenor penvesical fascia Separation of the fascia above the transverse incision (Fig 5) carries upward with it the peritoneum Meanwhile, with the aid of a sponge, separation of the bladder downward is begun over the upper left border of this organ, seeking the peritoneal margin of the venicouterine fold Thus step is facilitated by previous labor and by the usual dextrorotation of the pregnant uterus, which makes the left portion of the vesicouterine space more shallow Here, the loose areolar tissue lateral to the bladder fundus permits exposure of a portion of the lower uterine segment as the margin of the peritoneal fold or "sao" is carefully sought and identified (Fig. 6)

The bladder is now emptied, and under direct vision the left index finger is introduced into the vesicouterine space below the exposed peritoneal fold and is gradually insinuated toward the operator between the lower uterine segment and the bladder. With slight traction in pward (Fig. 7) the edge of the peritoneal plica is placed on a stretch. The posterior perivesical fascia is now in front of the finger and is clearly visible "tug-

ging" between the edge of the peritoneal fold and the hindder Incision of this fascia without dam age to pentoneum is now meticulously accomplished from left to right, the divested bladder dropping downward as it is freed in this fashion (Fig. 8) while the severed fascia adheres to the peritoneal fold above. In some cases a prominent median umbilical ligament (urachus) is encountered, apprizing the operator of the location of the midline The dissection, however, traverses the entire adherent area. Experience has shown that preservation of the urachus is irrelevant and, therefore, optional. Any bleeding vessels injured during the dissection are simply ligated with fine catgut. Shortly, the pentoneal plica above is entirely freed from the bladder below Between them in the background (Fig 9) lies the lower uterine segment Excellent exposure of the latter is secured, using a wide. curved retractor to bold the bladder downward, a lateral retractor on each side, and a fourth to retract the freed and intact vesicoutorine fold above The operative field is spacious, bloodless, and completely extraperitoneal Even additional space, seldom necessary, may be oreated by bluntly separating upward more of the uterine peritoneum from the anterior surface of the lower segment

The uterme incision is started as a "inck" in the lower segment about an inch or so above the bladder retractor. Culture of the ammiotic fluid is routine. With bandage scissors the incision, as recommended by Dr. Waters, is carried widely toward each side, curving the ends upward to a level 1 to 1½ inches above the original inch. This creates a crescentic aperture, the curved diameter (Fig. 10) of which makes possible a much larger opening than could be provided by any straight incision similarly located. The still is removed by suction.

In vertex presentations, either the face or the vertex is brought to the front, delivery being accomplished manually or with forceps, exactly as in laparotrachelotomy, or (as also recommended by Waters) a single blade of the instruments,

## CLINICOPATHOLOGIC CONFERENCES

FOURTH MEDICAL DIVISION OF BELLEVUE HOSPITAL

Date October 15, 1945

Conducted by Dr Arnold Koffler

DR SHIRLEY SCHMONES-WALLACH The patient, M P, a 49-year-old white woman, complained of progressive asthenia, browning of the skin of the forehead and extensor surfaces of the forearms, and edema of the lower extremities and trunk for eight months prior to her admission to Bellevue Hospital on April 4, 1945 Five months before hospitalization the patient first noted marked exertional dyspnea, she was told at that time that she had hypertension Although her appetite remained good and there was no change in bowel habit, she had vomited daily for the two weeks prior to admission

In 1942, the patient was told she had diabetes mellitus. She took insulin for a short time, and then was well controlled on diet alone. There was no familial diabetic history. Illness of any kind prior to her diabetes was denied. All pregnancies were normal. The menopause had occurred six months before admission.

Physical examination on admission revealed a 49-year-old white woman who appeared chroni-Her temperature, pulse, and respiration were normal, blood pressure was 220/120 She had a tan, sallow facies with brown pigmentation between the wrinkles on her forehead and on the extensor surfaces of her forearms, there was no mucosal or conjunctival pigmentation Conjunctivae were pale The pupils reacted to light and accommodation Funduscopy revealed blurring of the disc margins, venous engorgement, multiple recent and old hemorrhages, auriculoventricular nicking, tortuosity of small arteries and arterioles, and broadened light re-Examination of the head, neck, ears, nose, and throat was not remarkable Lungs were clear to percussion and auscultation The heart was shown to be enlarged to the right and left by percussion, the rhythm was regular, there were no thrills, murmurs, or rubs, the heart sounds were of fair quality Massive pitting edema encircled the entire trunk up to the level of the There was evidence of considerable ascites, through which liver, spleen, and kidneys could not be palpated, percussed, or ballotted The lower extremities also had massive pitting

A rectopelvic examination revealed only marked rectogenital edema

Laboratory Examination—Urine specific gravity was fixed between 1.010 and 1.013, 4 plus albumin, there were occasional mild glycosuria, no acetone, granular and hyaline casts,

5 to 10 red blood cells per high power field, 20 white blood cells per high power field

Blood counts hemoglobin ranged from 90 to 66 Gm, 2,500,000 red blood cells—average, 10,000 to 20,000 white blood cells with essentially normal differentials. A blood Wassermann test was negative

Blood chemistries nonprotein nitrogen fluctuated within a range of 53 to 129, urea nitrogen 23 to 75, and creatinine, 2 3 to 4 5 Cholesterol, 500, esters, 308 Calcium, 8 4 to 9 0 Phosphorus, 7 6 to 10 4 Sugar, 77 to 160, Carbon dioxide, 17 to 44 volumes per cent Total protein, 4 2 to 6 5, albumin-globulin ratio, 1 1 Cephalin flocculation was negative, icteric index, 13 Alkaline phosphatase, 2 5 (Bodansky units), acid phosphatase, 2 5 (Bodansky units)

Intravenous glucose tolerance test fasting 91, one-half hour, 160, one hour, 167, two hours, 148 mg per cent The electrocardiograms revealed regular sinus rhythm, low voltage, and progressive myocardial changes Serial chest x-rays revealed an enlarged heart, widened supracardiac aorta, and engorgement of the lungs with small effusions at the bases Excretory urography revealed no contrast medium in either urinary tract Biopsy from the extensor surface of the left forearm was reported as normal skin

Course - Despite a therapeutic regimen which included high-protein and low-salt diet, iron, high-vitamin dosages, 500 cc of red-blood-cell suspension, hypertonic solutions of calcium gluconate, magnesium sulfate, and glucose; thyroid extract, digitalis, and mercupurin, the patient gained weight steadily On June 1, 1945, the patient was transferred to Goldwater Memorial Hospital for chronic care In addition to the above therapy she was given several whole Anasarca, anblood and plasma transfusions uria, cardiac failure, and vomiting became intractable On her ninety-eighth day of hospitalization the patient became comatose, the nonprotein nitrogen at this time was 180, urea ni-The coma deepened and she died trogen, 116 on July 14, 1945, her one hundred and fourth hospital day

#### Discussion

DR ARNOLD KOFFLER Before discussing this case it might be well to add the records of two previous admissions of this patient in Bellevie Hospital

The first of these admissions was to the Fourth Surgical Division in 1942 She was treated for an infection of three toes of her right foot. Her fasting blood sugars on this admission varied between 210 and 330 Her urmary sugar on admission was recorded as 4 plus, with acctone 2 plus She was treated and well controlled with diet and insulin and the toes were healed at the time of her discharge. It is interesting to note that her blood pressure was recorded as 130/90 and her urine showed 1 plus alhumin with a negative microscople examination. Her liver was not enlarged and there is no notation of any skin pirmentation.

The second admission was in July, 1944, approximately two years after the first and one year before her final admission. She complained of swelling of the feet and legs of two months' There was no dyspnea or orthopnea. Her diabetes had been controlled with five units of insulin daily Her blood pressure then was 220/125 Her discharge diagnosis after five days of hospitalization was hypertensive beart disease and diabetes mellitus Her x ray showed the heart and aorta as normal Her electrocardiogram at this time showed sinus tachycardia and her urme showed 3 plus albumin with numerous granular casts and 1 to 3 red cells per field Fasting blood sugar at this time was 188 and the nonprotein nitrogen was 35

I think it is important to have the records of the previous admissions so that we may better evaluate the sequence of events in this woman's illness. In the first place, we have a patient with diabetes with an infection of the toes that respended well to insulin therapy After the infection was controlled it was evident that her diabetes was mild and continued to be mild even to the end

On the second admission she showed an entirely different picture She now showed marked hypertension with albuminum and edema of the lower extremitles that responded to bed rest and diuretics by mouth There is very little evidence of heart failure, no dyspnes, no cardiac enlargement, and the electrocardiogram findings were not agnificant.

The final phase, on her third and last admission, was characterized by massive edema, ascites with marked hypertension, hypoproteinemia, marked and mcreasing azotemia and cholesteremia, anemia, cardiac enlargement with progressive myocardial degeneration, and pigmentation of the skin.

The nephrotic syndrome, consisting of pronounced albuminuria, anasarca, lowered plasma proteins, and hypercholesteremia is present in Its entirety in this case. The association of this syndromo with diabetes mellitus suggests the presence of the specific focal lemons in the kidneys first described by Kimmelstiel and Wilson,

and called intercapillary glomerular sclerosis This lesson has been confirmed by many workers, Including Newburger and Peters, Walker and Porter, and Sigal and Allen The typical lesions consist of hyalized masses, spherical or oval, focally distributed in the intercapillary spaces

Its incidence in diabetes varies from 20 to 63 per cent with different authors' diabetic groups, and in a much smaller percentage in cubacute and chronic glomerculonephritis, hut is extremely rare in arteriolar nephrosclerosis

The description of this lesion by Kimmelstiel has made it necessary for many pathologists to review their autopsy material, and its acceptance as a definite entity is general In fact, Laipply, Eitzen, and Dutra suggest that intercapillary giomerular eclerosis is a more epecific anatomio lesion in diabetes than hyalinization of the islets of Langerhans. The severity of the diabetes does not seem to bear any relationship to the development of the glomerular lesions, and so the fact that the diabetes was mild in this patient does not exclude the possibility The exclusion of subscute or chronic glomerular nephritus is difficult The progressive anemia does favor this diagnosis. It is possible that we are dealing here with both conditions

Another condition we considered was the possibility of hemochromatosis The pigmentation of the skin and glycosuma suggested its possibility The liver, however, had not been palpated on the hospital admission a year previous and this militates against this Skin biopsy was also negative. The akin was not typically hiuegray and there was no mucous-membrane pigmentation.

Thus, I believe this patient had intercapillary glomerular scierosis and subscute or chronic diffuse glomerulonephritis

DR. HENRY C FLEMING I agree with Dr. Koffler's diagnosis of intercapillary glomeruloaclerosis. It has been established that this case presents the ypical syndrome consisting of hypertension, albuminuma, diabetes, renal insufficiency, and retinal vascular changes. In this condition most patients are past 40 at the time of development of the diabetes or alhuminuma. or both, but frequently the fundus changes and bypertension precede the other symptoms by many months or several years

When heart failure occurs it is predominantly left sided Right-sided failure is rarely proportionate to the degree of edema frequently observed, the venous pressure and circulation time from arm to tongue are often normal or only alightly elevated

Anemia in this condition is hypochromio, normocytic, or microcytic and is presumably of renal origin This disease is characterized by extensive arterial and arteriolar degeneration

The pigmentation of the skin observed in this patient is probably due to increased melanin production, commonly seen in cachectic states. There is rarely difficulty in delineation of this condition if the syndrome is well developed. Amyloid disease with diabetes and hypertension is rare, and the nephrotic stage of chronic glomerular nephritis usually occurs in younger subjects and is commonly associated with a definite history.

DR KOFFLER Thank you, Dr Fleming Dr Appelbaum, would you express your views on this case?

DR EMANUEL APPELBAUM There are certain features about this case that are quite definite. The patient had hypertension, hypertensive heart disease, evidence of arterio- and arteriolosclerosis, a nephrotic syndrome, and final exitus in uremia. Now, it is very important to know whether or not she had diabetes mellitus. In the protocol presented this morning evidence for the diagnosis of diabetes mellitus is lacking. However, a review of her previous admissions reveals that she had diabetes mellitus of a rather benign type

As is well known, the pathologic lesion of intercapillary glomerulosclerosis is quite common in diabetes. But intercapillary glomerulosclerosis as a clinical entity is uncommon, particularly the form which includes a nephrotic syndrome. It is important to emphasize that the nephrotic syndrome is not common in this condition. There is also general agreement among pathologists that in diabetes a nephrotic syndrome does not occur unless the patient has intercapillary glomerulosclerosis.

In view of these facts, it is reasonable to assume that the patient had intercapillary glomerulosclerosis, although some of the features were not typical. On the other hand, it is possible that the patient had more than one pathologic entity. There are cases on record in which lesions of both intercapillary glomerulosclerosis and those of glomerulonephritis are present.

I am not inclined to regard the pigmentation as significant. There is certainly insufficient evidence on which to base a diagnosis of hemochromatosis. However, the negative skin biopsy doesn't entirely rule it out. It is important to study carefully the mucous membranes, particularly the rectal mucosa. Incidentally, I should like to point out that in hemochromatosis one must investigate for the presence of two distinct pigments, namely, hemosiderin and hemofuscin

DR HARRY A SOLOMON Nowadays, if a patient known to have diabetes begins to show albuminum, the clinician first directs his suspicion to the development of intercapillary glo-

Such a suspection is justified merular sclerosis on the basis of many pathologic reports which agree that the characteristic renal lesions of this condition are found in a high percentage of the kidneys of patients with diabetes who have been When, however, a diabetic develops examined a nephrotic syndrome, as in the case presented, intercapillary glomerular sclerosis can be diagnosed as a practical certainty, as Dr Koffler has indicated And, as in this case, intercapillary glomerular sclerosis usually develops in patients with longstanding but mild diabetes and the nephrotic features are intractable and progressive But this case presents a number of features that cannot be explained on the basis of intercapillary glomerular sclerosis alone For example, there was a persistently high blood pressure which antedated the clinical appearance of the nephrotic state and would not have been maintained at a persistently high level by the nephrosis alone

Second, the anasarca is usually easily controlled by mercural diuretics and other means, while the course of the disease is quite benign for a number In this case the anasarca was very resistant to all therapy and the patient detenorated very fast with renal failure reasons, therefore, namely, pre-existing and persistent high blood pressure, severe nephrosis, and rapid development of uremia, it is expected that the kidneys will show, in addition to the lesions of intercapillary glomerular sclerosis, other diffuse pathologic lesions such as nephrosclerosis or glomerular nephritis Dr Koffler points out that anemia is unusual in this condition, but, of course, it can be ascribed in this case to the azotemia which depresses bone marrow function, the uremia also accounting for the hyperphosphatemia

From the cases we see at Bellevue, one cannot help but wonder whether toxic absorption from areas of gangrene or infection does not play a part in the development of intercapillary glomerular sclerosis. In this case, gangrene of the foot antedated the clinical appearance of the nephrotic picture, one of our most recent and youngest patients was a boy of 20, with diabetes, on Ward B2, who developed the nephrotic syndrome after acquiring trophic ulcers of the soles of his feet with secondary infection.

Regarding the suggestion of the diagnosis of hemochromatosis because of the pigmentation of the skin and diabetes, this can be seriously questioned. In the first place, the pigmentation was not typical for hemochromatosis, and even though the distended abdomen precluded palpation for liver and spleen, there was no evidence of cirrhosis of the liver or diffuse hepatic damage, as judged by the negative cephalin flocculation

test. Cirrhosis of the liver is found in almost half of the patients with diabetes coming to autopsy, but I doubt whether it will be found in

this case.

DR KOFFLER Thank you, Dr Solomon In summary, therefore, our clinical diagnosis is diabetes mellitus, hypertensive and arteriosclerotic cardiovascular disease, uremia, nephrotic syndrome, intercapillary glomerulosclerosis (kimmelstiel-Wilson syndrome), subacute or chronic diffuse glomerulonephritis, and secondary anemia

Dr Margaret Bevans, pathologist at Goldwater Memorial Hospital, has been kind enough to come to our conference this morning to present the

autoney findings in this case

DR. MARGARET BEVANS At nutopsy there was e generalised and severe anasarca The skin seemed tan even over the unexposed parts of the body, but no abnormal pigmentation of the mucous membranes was noted. The parathyroids There were about 500 cc of encapsulated finid in the right and 180 cc of free fluid in the left pleural space The heart weighed 350 Gm and the left ventricle was hypertrophied There was a thick fibrinous deposit over the pericardium and epicardium. There was moderate coronary sclerous In the abdominal cavity there were 6,500 cc of serous fluid The liver was 2 cm below the costal margin in the axillary line, golden-brown in color, and cut with increased resistance The spleen was hypertrophied and extended 1 cm below the costal margin The cut surface of the spicen was a deep brownish-red The kidneys were large, pale, and smooth. There were suhmneosal pelvic hemorthacea.

On microscopic examination one parathyroid was of normal size hut was composed of waterclear cells There was nn acute fibrinous peri-

carditis Hemosiderosis of the liver, spleen, and pancreas, and cholesterosis of the mallbladder were present. The kidneys present the most interesting lesions None of the glomeruli were normal Many of the afferent arterioles had thick hyalinized walls, but others were thin even though they entered badly damaged glomeruli The basement membranes of the glomeruli were thickened hy hyalin material and much of this material was arranged in circular masses et the periphery of the glomeruli. There were also many edhesions between the tufts and Bowman's capsule The tubules were filled with various kinds of casts Many tuhules were ntrophic, others showed proinferation and metaplasia of the lining epithelium Hemosiderin deposits were scarce in the kidney The glomerular lesions were typical of those described by Kimmelstiel and Wilson The arteriolar disease was severe In addition, I believe that the patient had chronic glomerulonephritis which antedated the discovery of diabetes The clear-cell metaplasm of the parathyrold is typical of chronic renal disease The anssarca and acute fibrinous pericarditis were the result of renal decompensation The hemosiderosis was probably due to transfusions and to increased hemolysis, which is not infrequent in renal disease

The existence of Kimmelstiel-Wilson syndrome as a clinical entity is well established Pathologasts have differed in their opinions as to whether or not it is part of arteriolar disease of the kidney which accompanies it. One thing is certainno matter how severe the arteriolonephrosclerosis in nondiabetics, the nephrotic syndrome is not seen. In this patient a pre-existing chronic glomerulonephritis may have accelerated the downward course and increased the intensity of

the nephrotic syndrome.

#### "DOCTOR JONES" BAYS-

A very nice lady I've known a good many years-I heard her say once that she was greatly relieved, after she and her husband were married, to discover that he had a little volgar streak in his make-up. And, you know, some of us that've lived a good many years in the same houses—I think maybe we like 'em better for some of their defects.

And so these folks that're campaigning against home accidents when we find on their lists of bousehold hazards things we've got in our own houses, we're sort of inclined to resent it. Like Grandma Peasley when I said her cellar stairs were too steep she said they were just the way she wanted em and then she went and fell down em to prove it.

Of course that kind of a reaction it's what my mother used to call "buting off your nose to spite your face." And it's always possible too that we might have a guest some time that, if he fractured his skull on our low doorway, its being our doorway— he might not consider that sufficient compensation. But one thing I'd think we could all agree on

if we're going to build a new house from the ground up, it'd be good sense and good business to have it as near right as possible. To build potential hazards into a new structure—it'd be just about as sensible to build in bedbugs and cockroaches.

When you stop to think of it there's any number of common structural defects that're responsible for ocidents. Eaver running water down to make icicles to fall on people or to make ice for people to fall on, steep, narrow starways with irregular steps and no handrails, low doorways and cellar ways to bang your head on, inflammable partitions may be a few for the fall of the fall o

ways to being your head on, inflammable partitions next to heaters round-bottomed bathtube

If "Mother Goose" was being written today, we might have something like this This is the stair way properly built that the man walked down without getting kill't that employed the architect free from guilt that planned the house that Jack built. It's funny, ain't is, what silly ideas we got sometimes.—Paul B Brooks, M.D. Health News, Men 11 1015. May 14, 1945

### CLINICAL STUDY OF 15 CASES OF SINUSITIS

## E C McCulloch, MD, Mariners Harbor, New York

THESE patients presented themselves over the period of a year, from May 1, 1944 to May 1, 1945, in a factory employing 1,500 people, the Port Ivory, Staten Island, factory of the Procter and Gamble Company Most of the cases were frontal sinusitis. The chief complaints were as follows

Headache—frontal, bilateral	8
Headache—right or left frontal	2
Dizziness	2
"Eyes do not focus"	1
Buzzing and fullness in both ears	1
Nausea and famtness	1

Of the patients complaining of headache, 3 also complained of dizziness, and 2 of nausea, 1 patient complaining of dizziness also had nausea but no headache

#### Symptoms

From experience with sinus cases over twenty-five years, the most pronounced symptom is seen to be a dull, aching pain in the region of the involved sinus Frequently slight vertigo and nausea or vomiting are also present The patient may have received a blow on the head weeks or months previously, and these symptoms are apt to be interpreted as a "postconcussion" syndrome, whereas the patient really has acute sinusitis, the concussion having apparently been a predisposing cause I have been able to demonstrate this in a number of cases, and this is very important from a compensation angle Headaches should be labeled "psychogenic" or "neurotic" only after exclusion of every possible organic cause Any persistent headache in a male patient is very probably due to sinusitis If the headaches are severe at times and alternate with periods of complete freedom from pain, it is a "snap" diagnosis

Sometimes the chief complaint is atypical and may not suggest sinus infection. Some of these are

as follows

1 Pain in occipital region, in the ear, in the teeth (sometimes needless extractions are made)

2 Eye symptoms which lead patients to think they need glasses, and may result in unnecessary prescription or alteration of lenses

3 Vertigo

- 4. Nausea and sometimes vomiting
- Inability to concentrate on work.
- 6 A state resembling neurasthema, with vague complaints such as "I don't feel good."

- 7 A constricted feeling in the throat, or dry cough
- 8 A prolonged cold. "I never had a cold hang on like this one"

#### Diagnosis

The diagnosis is established by the results of the treatment described below. X-rays are expensive, and when made are sometimes reported negative because the sinuses are filled with a clear secretion which does not obstruct the ray. Transillumination tests are open to the same objection. Finger pressure and percussion tests are uncertain.

#### Treatment

The treatment used consists of the time-honored method of spraying the masal cavities with an aqueous shrinking spray and inserting into the middle fossae cotton swabs moistened with 10 per cent ichthyol in glycerin. The patient inclines the head forward and exhales strongly through the nose. In a few minutes a thick, glarry mucous or mucopurulent secretion begins to flow down the applicators. The applicators are left in place fifteen or twenty minutes, and the nose is finally sprayed with menthol and camphor in oil. Treatments are given daily, and the average acute case lasts about a week-

The characteristic discharge appears only in cases of sinusitis, and a rough prognosis of duration of treatments can be based upon the quantity and character of the discharge Both frontal and maxillary cases respond, but the frontal cases clear up faster Sometimes there are no results from the first treatment because the ostia of the sinuses are not opened, repeating the treatment on successive days may produce drainage. If there are recurring acute attacks, or a chronic condition exists, some intranasal operation is necessary to improve drainage.

The diagnosis is established by the character and amount of the discharge and the marked relief of the headache or other symptoms following treatment. The treatment requires no special apparatus, is simple, inexpensive, and effective, and can even be used by the patient himself if he is unable, for financial or other reasons, to visit his physician often enough. If the general practitioner will apply this therapeutic test in obscure cases "on suspicion" he will uncover a surprising number of cases of sinusitis to his own profit and the eternal gratitude of his patients

#### THE SOUL OF ENJOYMENT

Health is the soul that animates all enjoyments of life, which fade and are tasteless, if not dead, without it—Sir William Temple

# Medical Society of the State of New York Minutes of the House of Delegates-October 8-9, 1945

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## House of Delegates Minutes of the Annual Meeting

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#### Afternoon Session

October 8, 1945

The session convened at 3.80 P.M., pursuant to recess.

SPRAKER BAUER The House will be in order Is the Chairman of any Reference Committee ready to report?

Section 44 (See 9)

Report of Reference Committee on Report of Council—Part III. School Health and Industrial Health

Dr. Dan Millen, District Delegate Regarding School Health, the Reference Committee suggests the continuance of this committee for the development of the school-health program, its expansion, and increasing efficiency

Regarding industrial health, this Reference Com

mittee commends the study committee on industrial bealth and suggests that it should be continued. I move the ndoption of the report, which is signed by Mahion C Hallech, J C Brady Madge C L. McGunness and Dan Mellen, Chairman.

The motion was seconded, and as there was

no discussion, the motion was put to a vote, and was unanimously carried

Sectson 45

Report of Reference Committee on Report of Board of Trustees

Dr. EDWIN A. GRIFFIN, Kings Your Reference Committee has read and digested the report of the Board of Trustees and makes the following comments

We note with sincere sympathy the death of Dr Peter Irving and we shall long remember his loss.

Dr Joseph Lawrence, after twenty years with the Medical Society of the State of New York, resigned. Our good wishes go with him for his success in his new duties with the American Medical Association in Washington, D C

The business of the Board of Trustees has been most efficiently carried on by the following com mittees

The Committee on Investments, The Special Committee on Publications, The Special Committee on Management and Administration.

Dr Devid Kaliski was selected by the Council to carry on as full-time director of the Bureau of Workmen e Compensation

Dr Robert R. Hannon succeeded to the vacancy caused by Dr Lawrence s resignation as Executiva

Officer of the Society

Mr George P Farrell is the new head of the Bureau of Insurance.

Be it noted that in the contracts of Drs. Kaliski and Hannon end Mr Farrell they are in feet re sponsible to and under the direction of the Council and e Council-appointed committee The demands upon the space of the Society's

quarters due to its greatly enlarged program makes the need of new offices imperative.

The subject of a pension system for employees of the Society has been under discussion, and if found feasible will be presented to the Council and House of Delegates.

Our financial house is in order, and we are happy to report that our operating expenses are well within our operating income. We would ask all our mem

bers to review the financial report. The investment committee keeps an ever watchful

eye on our investments; and changes our holdings to our advantage from time to time

We owe a debt of gratitude to our Treasurer for

his very complete report and sound edvice.

To the Board of Trustees we extend our sincere thanks for the tremendous amount of work done by

them in these days of etress,

them in these days of etress.

I move the adoption of the report of the reference
committee consisting of Archibald K Benedict,
Regunald A. Higgons, Victor W Bergstrom Edward
C Veprovsky, and Edward A Griffin, Chairman
The motion was seconded.

SPEANER BAUTER Too have before you the report
of the Reference Committee on the Report of the
Board of Trustees, which carries no specific recommendation other than approval of what has been
carried on. carried on.

Is there any discussion?

DR. GZORGE W KORMAK There is one correction to be made in that report. It is a grammatic one Mr Parrell is not the new head of the Bureau, he is the head of the new Bureau. The way you have it there now it sounds as if he were succeeding somebody olse.

DR. GRIFFIN I see what you mean. We will change that to read, "Mr George P Farrell is the head of the new Bureau of Insurance"

SPEAKER BAUER With that correction, is there any further discussion on the report of the reference committee?

The question was called, and the motion was

SPEAKER BAUER Thank you, Dr Griffini

(See 8) Section 48

Report of Reference Committee on Report of Council-Part II Maternal And Child Welfare

DR. DAVID BEARD Schohorie After careful study of the Report of the Council, Part II, the Reference Committee feels that the Council Committee and Subcommittee are to be sincerely congratulated on the successful carrying out of the recommendations of the Reference Committee at the last meeting of the House of Delegates in regard to obtaining in cressed fees for specialists under the E.M I C plan, more in keeping with their actual work.

We most thoroughly agree with the Committee's

statement that this plan shall apply only for the

duration of this emergency and six months thereafter We recommend to the House of Delegates that our delegates to the American Medical Association be instructed to oppose any attempt to make the EMIC plan or any similar plan a permanent arrangement

This report is signed by Halford Hallock, John E Wattenberg, Joseph O'Gorman, and David Beard, Chairman I move the adoption of the report

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

SPEAKER BAUER Are there any other Reference Committee Chairmen ready to report?

(There was no response )

Speaker Bauer Are there any resolutions?

Section 47 (See 99)

Surplus Medical and Dental Equipment

DR. SAMUEL Z FREEDMAN, New York This is a resolution that was adopted by the New York County Medical Society

"Whereas, after the last war surplus army and navy dental and medical equipment was sold to dealers who in many cases made exorbitant profit by resale to physicians and dentists, many

of whom were veterans, and "Whereas, some method should be found whereby surplus medical material and equipment of World War II may be made available to physicians and dentists at reasonable prices, therefore

"Resolved, that the Medical Society of the State of New York request the proper government authorities to devise a procedure whereby such material may be purchased directly from the government or that a ceiling price be set for resale through dealers, so that veteruns and other physicians may be enabled to purchase needed equipment at the lowest possible prices, and be it

further "Resolved, that the Board of Trustees of the American Medical Association be urged to use its influence in working out a plan for this purpose SPEAKER BAUER Referred to the Reference Committee on New Business B, Dr Moore

Chairman.

Section 48 (See 75)

Liberalization of EMI.C Policies and Requirements in Relation to Applications for Specialist Status in Obstetrics

DR. HERBERT E WELLS, Erre I would like to present a resolution that was offered by our Erie County Medical Society on the matter of liberalization of EMIC policies and requirements in relation to applications for specialist status in obstetrics

"WHEREAS, under the provisions of the Federal Emergency Matermity and Infant Care Program (New York State-approved plan) differential fees are allowed for complete maternity-care services performed by physicians under the supervision of the EMIC Bureau of the Now York State Department of Health, a diplomate of the American Board of Obstetrics and Gynecology rendering such services being entitled to a fee of \$75, whereas a general practitioner who has not been certified by his American Board and has not qualified as a specialist in obstetrics with E M I C is allowed a fee of \$50 for his services, and

"Whereas, physicians who are not members of the American Board of Obstetrics and Gynecology, but who seek certification from EMIC as specialists in obstetrics, must present evidence that their training and experience in obstetnes meet the requirements of training and expenence for admission to the examination of such Specialty Board, or that they have had 'equivalent training and ovperience' in their specialty, which in the opinion of the State Commissioner of Health, with the help of an advisory board, would qualify

them as specialists in obstetrics, and "Whereas, the procedure for enrollment or application of a physician for specialist service and status in obstetries under the EMIC program is as follows. The enrollment of applica tion form, as completed by the physician-applicant, is returned to the county medical society for submission to the chairman of the special committee on qualifications for specialists of the Society, which committee, if it decides to recommend that the applicant have the status of a specialist in obstetrics, forwards such application to the District Health Officer for transmission to the State Commissioner of Health for final decision, and

"Whereas, the physician who has been certified as a specialist in obstetrics by his American Board merely is required to state the name of his Board and the date of his certification, while the applicant-physician who is not a diplomate of his Board is required to meet minimum requirements based on those listed in the Directory of Medical Specialists, consisting of some seven or eight

detailed questions, and "Whereas, the EMIC Bureau of the State Department of Health sets forth on the enrollment or application form No 10 that the general policy with respect to nondiplomate applicants for certification as specialists in obstetrics shall be as follows. It is understood that in each instance, individual consideration will be given to equivalent experience and training instead of stated requirements, for consideration of an applicant for specialist status under the E M I C Program, and "Whereas, this pronouncement of policy, which ovidences an apparent desire to adjust

applicants for specialist certification and status on the basis of their professional standing, actual qualifications, recognized skill, experience, and general fitness, rather than on the basis of hard and fast standardized requirements, is sharply at variance, in our judgment, with the text of the questionnaire on said application form, there

existing a marked conflict, and

"WHEREAS, due to the stringency of such requirements, as embodied in the aforementioned questions, certain physicians with many years of practice and experience in obstetrics and possessed of recognized ability in this branch of medicine, but who are not diplomates of their Board, have encountered great difficulty, or have failed, in their efforts to obtain approval of their applications giving them official status as specialists in obstetrics under EMIC and entitling them to the 50 per cent increase in fees for their services, even though many of these practitioners specialized in obstetrics long before the inception of

Specialty Boards, and "Whereas, the failure of the questionnaire on said application blank to conform with and abide by the letter and spirit of the pronouncement of policy heretofore recited in full has created confusion, misunderstanding, and resentment, making it difficult for county societies and their special committees on qualifications for specialists to carry out the provisions of the E MIC program with respect to specialists' status it being the contention of numerous county socioties and practitioners that the already quoted statement of policy has not been adhered to or construed in such a manner as to benefit the physician with out Board certification who actually has the

necessary qualifications, now therefore, be it "Resolved, that the Medical Society of the State of New York represented in this duly convened meeting of its House of Delegates, registers its professional interest in these individual physicians whose opplications for specialist status in obstetrics under the E M I C program have met with rejection, and hereby requests the E M I C Bureaus of the State Department of Health and the Children's Bureau of the U.S Department of Labor, over all administrativo agency which opproved the New York State Plan to interpret officially the present requirements and policies in New York State with respect to certification of specialists in obstetnes under E.M.I.C. and to rovice the same, if necessary, to insure a broader more liberal fairer set of provisions under which discrimination cannot occur and the objects and aims of the program can be accomplished with facility and satisfaction"

SPEAKER BAUER Inasmuch as this resolution per tains very closely to the matter which we just con-adered, I will refer to the Reference Committee on Report of the Council Part 2 Maternal and Child Welfare, of which Dr Beard is Chairman this resolution

Section 49 (See 18-42)

Further Report of Reference Committee on Board of

DR. JOHN J MASTERSON Aings This is a further report of the Committee on the Board of Consors.
Dr Joseph F Montague has requested me to announce before this House of Delegates that he will abide by the decision of the Delegates in opproving our recommendation. (Applause)

Section 50 (See 91) Publicity—Returning Servicemen

DR. II J KNICKERBOCKER, District Delegate This resolution has to do with returning servicemen

WHERLAS many of our members returning from service with the armed forces will encounter difficulties in the re-octoblishment of their practice, and

"Whereas, it is the desire of the Medical Society of the State of New York to extend every assistance within its power toward the ro-establishment of these men in their former locations and

"WHEREAS it has come to our attention that various county sociotics in other states are follow ing this proposed plan therefore bo it

Resolved that this House of Delegates recommend to the component societies that whenever a member returns from the ormed service to his former location with the intention of resuming practice at that place that the county society of which he is a member cause to be noted in the local newspapers of necessary by paid advertising space, that the sald doctor has returned and is about to or has established himself again in private practice ond be it furthermore

'Resolved, that the said county society spe-

cifically in its own name, request said doctor's patients to again return to his care, and be it furthermore

"Resolved, that said publicity shall be limited to not more than three consecutive issues of any one paper"

Speaker Bauer This is referred to the Reference Committee on New Business C, Dr Monteith, Chairman,

Section 51 (See 8)

Report of Reference Committee on Report of Coun-cil—Part VII Public Relations and Economics

Dn Moses H. Krakow, Bronz This report deals with the following

Medical expense insurance

Blue Cross proposal ā Ives Bill

4 Medical care of veterans

Medical care of welfare group 1 The Council Committee, with its Sub-committee on Medical Expense Insurance, has, by direction of the 1944 House of Delegates, selected

Mr George P Farrell, Buffalo, to be Director of the new Medical Caro Insurance Bureau, and this Bureau began to function in February, 1945 Ever since then the Burcau has received numerous requests from all parts of the State for information regarding medical-care insurance. Mr Farrell has personally appeared before several county medical groups and presented advantages of the voluntary modical insurance plan. Ho urged cooperation of physicians with existing plans, and where none existed he niged formation of such medical plans. Many diversified prohiems arose, both in areas where plans were established ond where no plans. were available. A concentrated effort is being made to hring these problems before each county somety together with accumulated experience in the operation of these plans. A study is now being made of existing benofit associations which have retarded the acceptance of nonprofit plans in certain communities. Apparently there is no question of the usefulness of the Bureau as a central pool of information and advice to the county socioties.

In the supplementary report from the Chairman of the Council Committee on Public Relations and Economics, the following activities of Mr Farrell

are given

The Rochester Plan known as the Genesce

has now incorporated and Valley Medical Plan, Inc., has now incorporated and has applied to the State Walfare Department for approval, plans to be in operation before January 1,

Mr Farrell has appeared at the meetings of the Fifth Third, Fourth, and Sixth District

Branches

3 On October 1 Mr Farrell appeared before Marron County Medical Society at their Annual Moeting and discussed the proposed plan in the Albany area and a motion was adopted that Warren County would participate in whatever plan was adopted in the Albany District and on October 3 a meeting was held in Albany and a definite program

was agreed upon

4 Three meetings have been hold with the Chairman of the Program Committee of the Woman's Auxiliary Committee and arrangements are being made to present medical-care insurance before all of their auxiliary groups.

At the present time there are four approved plans operating in New York State, with a membership of over 230 000 When the two plans which are now

in the process of formation are in operation, the entire state will be covered, with the exception of two counties, Chautauqua and Jefferson, which have individual Blue Cross Plans However, the Medical Society of Jefferson County has requested Mr Farrell to speak to their group on October 11 regarding the possibility of extending medical-care insurance to their country

Your Reference Committee is in complete agreement with the report that the question of voluntary medical insurance is of the utmost importance to the medical profession, and joins the Committee in urging wholehearted support of the Medical Society of the State of New York to the various plans in this state, to the ond that with the aid of the new Bureau and its Director, medical-care insurance be made available in every part of the state

The Committee calls attention to the proposal of the Blue Cross organization for a national surgical plan which may well lead to inroads on medical care We strongly approve the recomin the future mendation that if the plan is created the control should be definitely in the hands of the medical profession, and that the plan should only operate where no plans endorsed by medical societies exist In areas where such medical plans do exist, the Blue Cross should not compete with same, and should leave the medical expense insurance to the existing medical plans, taking caro of hospitalization of subscribers only, without inclusion of any medical services

The attention is called to the Ives Bill, intro-3 duced into the Legislature in the past session, and which is sure to come up for consideration at the next session of the Legislature We approve the next session of the Legislature We approve the recommendation of the Council that every physician should carefully study this Bill, and recommend that a careful analysis of it should be prepared and published in the JOURNAL with suitable editorial comment calling attention to it

I move the adoption of this portion of the report of the Reference Committee

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Dr. Krakow Continuing with the Report of the

Reference Committee

The Council Committee called attention to the importance of the present status of the medical care of veterans This is another serious problem and of vital interest to the medical profession There seems to be no reason why the veteran, as any other worthy citizen, should not be able to choose his own doctor and hospital The Committee recommends study of the question, and your Reference Committee would suggest that conference be sought with appropriate officials of the Veterans Bureau in order to bring about a liberalization of the rules and regulations of the Veterans Administration, in order to permit veterans to obtain medical care through their own physicians

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, the motion was put to a vote, and was

unanimously carried

DR KRAKOW Continuing with the Report of the

Reference Committee

We commend the continuing cooperation between the Society and the State Welfare Department through its Subcommittee of Public Medical Care

I move the adoption of this portion of the report . . The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.....

DR KRAKOW Now I move the adoption of the report, which has been signed by Lyman C Lewis, John M Galbraith, Fenwick Beekman, and M H. Krakow, Chairman, as a whole The motion was seconded, and as there was

no discussion, it was put to a vote, and was unani-

mously carried

Section 52 (Sec 13)

Report of Reference Committee on Report of Council-Part VIII. Medical Service and Public Rela-

DR Moses H Krakow, Bronx This report consists of a description of the Regional Conference with the corresponding Council of the AMA, held in December, 1944, at which time Dr Joseph S Lawrence outlined the problems of the Washington office and its program for the coming year He will keep us informed of the bills introduced, and he has requested that Congressmen and Senators from each district of the State of New York be contacted and made acquainted with our wishes in regard to these bills We approve the emphasis that there is a great need of bringing to the attention of the Congressmen the attitude of medicine, and strongly endorse the idea that our program should be constructive and aggressive, and not defensive

The Committee has also reported on a regular meeting which was held in February in Albany At present, the new Wagner-Murray-Dingell Bill is the subject for discussion This report contains no recommendations and, therefore, no action is required in regard to it. I move the adoption of this report, which is signed by Lyman C Lewis, John M Galbruth, Fenwick Beekman, Leo E Gibson,

and M. H. Krakow, Chairman
The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Section 53 (See 103)

Request for a Session on Chest Diseases at the Next Annual Meeting

DR NELSON W STROHM, Erre I have a resolution requesting a session on chest diseases at the next Annual Meeting This resolution is presented by me at the instance and suggestions of about two hundred members of the Medical Society of the State of New York

"WHEREAS, at the 1941 Meeting of the House of Delegates a resolution by the House of Delegates recommending a symposium on chest diseases was approved, and

"Whereas, such a symposium was given on chest diseases at a general session of the annual

convention of 1942, and

"WHEREAS, this general session was enthusastically attended and appreciated, indicating the definite interest of the medical profession in the subjects presented, and

"Whereas, a certain chest disease, namely, tuberculosis, has always become the forgotten

disease, and

"WHEREAS, this disease is the most common of all chronic chest diseases and is very amenable to care and treatment, therefore be it

"Resolved, that the House of Delegates of the Medical Society of the State of New York establish a session on chest diseases for the next annual meeting"

SPEAKER BAUER Referred to the Reference Committee on New Business B, Dr Moore, Chairman

Section 54. (See 56-72-82)

Report of Reference Committee on Constitution and Bylaws Amendments (District Branches)-Proposed Amendment to Article XI, Section 1

DR. B WALLACE HAMILTON, New York Your Reference Committee on Report of Constitution and Bylaws Amendments begs to report as follows in reference to the amendments enbmitted

"Article XI, Section I, shall be amended so that there be deleted from the fourth paragraph the name "St. Lewrence" These paragraphs would then read

The Fourth District Branch shall comprise the members of the Medical Societies of Frank lin, Clinton, Essex, Hamilton, Fulton, Montgomery, Schenectady, Saratoga, Warren, and Washington

The Fifth District Branch shall comprise the members of the Medical Societies of the Counties of Onondaga, Onelda, Herkimer, Oswego, Lewis, Madison, Jefferson, and St. Lawrence."

Your Reference Committee has been advised that the members of the Medical Society of St. Lawrence desire the above noted change. The Committee received information regarding this proposed change from Dr John A. Pritchard, member of the House of Delegator from 24 of Delegates from St. Lawrence County Dr Pritchard submitted the following factual report 1 The Fourth District Branch is composed of

eleven countres the Fifth, of even
2 The Fourth District Branch area is 12,738

square railes the Fifth 7,676
3 If St. Lawrence County were changed from
the Pourth to the Fifth District Branch the areas

would be 9,906 and 10 448, respectively which is approximetely equal.

1. The largest towns or cities in St. Lawrence County are Ordenaburg, Massena, Gouverneur, County are Decider

Canton, and Potsdam.

5 The most distant cities from these in the Fourth District are Glens Falls Schenectady, Amsterdam, Saratoga Springs, and the everage distance is 187 miles.

The most distant cities from these same towns and cities of St Lawrence County in the Fifth District are Fulton, Syracuse, Oncids, Rome and Utica, and the average distance is 127 miles.

It follows therefore, that for physicians of St. Lawrence County to attend meetings of the Fourth District Branch in the more distant cities, necessitates their driving 120 mlles further (60 each way), than if they were to attend meetings in the more distant cates in the Fifth District Branch.

In attending meetings in the most southern cities in the Fourth District such as Schenectady or Amsterdam it is necessary for physicians from St. Lawrence County to drive through almost the entire length or width of the Fifth District passing through four of the seven counties to reach the Fourth District beyond it. In other words, to reach Schenectady in the Fourth District, physicians go through Utica one of the most distant cities in the Fifth District and 78 miles beyond it. There would seem to be no adequate justification to continue this unantisfactory arrangement.

The driving distances to most meetings in the Fourth District are so great that it is almost impossible to nttend the meetings and return home the same day whereas this would be quite practicable if attending meetings in the Fifth District Branch Since doctors very frequently find it underirable to be away overnight, this is an important considera tion.

The usual travel from St. Lawrence County 10 is much more in the direction and territory of the Fifth District than of the Fourth and, therefore, St. Lawrence County physicians are better acquainted and have more in common interests with physicians of the Fifth District than with those of the Fourth Professional contacts are also much District. greater with physicians in the Fifth District and not with those in the Fourth for the reason that when consultation is desired or required, this is invariably sought in the large cities of the Fifth District and not in those of the Fourth.

While boundance of the district hranch are 11 usually the same as those of the judicial district, this is not always the case, as Medison County is in the Fifth District Branch but in the Sixth Judicial

District, according to the 1941 Legislative Manual 12. The paramount consideration in determining county assignment to a district branch should be the convenience of the physicians, and those of St Lawrence County definitely feel that the Fifth District Branch would be much more convenient District Brainer within the much more convenient and desirable for them than the Fourth. The county society so resolved, and the proposed amendment is sought in accordance with such resolution 13. The St. Lawrence County Society, therefore, through its duly elected delegate, urgently requests a favorable report by your committee on the proposed

amendment

This Committee interviewed the Secretary of the Fourth District Branch, Dr F Leslie Sullivan, who is in accord with the proposed change. In behalf of the Fifth District, this Committee interviewed the President of the Fifth District Branch, Dr Dan Mellen, who stated that the Fifth District Branch was in a receptive mood to welcome the members of the Medical Society of the County of St. Lawrence to the Fifth District Branch. With all this harmony your reverent committee begs to recommend the adoption of the proposed amendment.

The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-mously carried

Proposed Amendment to Section 2, of Chapter XV of Bylaws (Transfers)

DR. HAMILTON Your Reference Committee on Report of Constitution and Bylaws Amendments begs to report as follows in reference to the amendments submitted

Proposed Amendment to Section 2 of Chapter XV of Bylaws

"It is proposed to amend the first paragraph of Section 2, Chapter XV of the Bylews to read as follows

Chapter XV, Section 2 When an active member in good standing in any component county medical society removes to another county in this state, transfer of his name to the roster of the county somety to which he removes shall be contingent upon the acceptance of the Board of Consors or Comitie Minora of the letter society Such transfer shall be made et the member's request and be effected without cost to him and provided that he files a certifi cate with the secretary signed by the precident and accretary of the component society from which he removes, as to his good standing in such society No member however, shall be an active member of more than one themonent society, nor shall any component county society accept a physician residing in another county in any other way than in accordance with the law governing transfers '

We interviewed the representatives of Queens County, who introduced this resolution, and they state that they request its adoption as this affords opportunity to review transfers from one county to However, in discussion I requested the Queens County representatives to enlighten us as to what would happen to a man who formerly resided in Buffalo, and moved his office to Albany, and the Albany County Medical Society did not exactly approve of him for one reason or another Dr Wolff, of Queens County, said he would still remain a member of Erie County under those conditions It seems to me that that leaves a man a little bit out on a limb if he were unacceptable This is a minority report as the Reference Committee declined to sign it

SPEAKER BAUER Does the balance of tho Reference Committee wish to make an independent

report?

DR HAMILTON Apparently not SPEAKER BAUER Will you read your individual recommendation again?

DR HAMILTON The individual recommendation is that we approve this report, and I move its adoption, as this affords opportunity to review transfers from one county to another

May I interpolate that Section 4 of Chapter I

of the Bylans provides

"A member of one county society shall not be permitted to transfer to membership in another county society until he has established a legal residence or has his principal office in the county to which he desires transfer "

That is now in our bylaws, and the naive question put up to the Queens County delegation was that if a man did transfer his office, and was not acceptable to that county society, where would he

SPEAKER BAUER You have before you the report of the Chairman of the Committee, which is a minority report, the balance of the Reference Committee not having submitted one, which recom-mends adoption of this proposed change to the bylaws Is the motion seconded?

The motion was seconded

Speaker Bauer Now it is open for discussion Dr. Ezra A Wolff, Queens I would say in answer to Dr Hamilton's question about what would happen to a man that was undesirable would be that he would be out on a limb, and that is where I would want him to be if he were undesirable question first came up in our Society because in the metropohtan area we have a problem which is somewhat different from that which some of you people have upstate We have members who transfer back and forth from New York County to Queens County for the purpose of obtaining compensation ratings in one county that they could not obtain in the other To some extent that argument becomes invalid now, although the recommendations of the county society, we hope, still carry some weight for com-pensation rating, but it was also felt that fundamentally each county society should be autonomous in selecting its members, that it creates its own rules for the selection of new members and, therefore, the same rule should apply for other members who transfer from other component societies to it. It was for this reason this amendment was formulated

DR Monnis Maslon, Warren I would like the matter clarified a little bit about this minority report because I don't understand it I was a member of that Reference Committee What is the majority

SPEAKER BAUER That is what I asked for, and I

was told they did not make any

Dr Masion But you cannot have a minority

report without a majority report DR JAMES F ROONEY Right

SPEAKER BAUER This is merely the report of an ındıvıdual

DR MASLON Who is the individual who made it? SPEAKER BAUER It represents the report of only one member of the Committee, the Chairman Is that right?

Dr Hamilton Right, the Chairman

SPEAKER BAUER Are the other members of this committee present?

DR MASLON I am here
DR JACOB WERNE, Queens I move that the
matter be referred back to the Committee

SPEAKER BAUER The matter should be referred back to the committee with the instruction that they bring in a majority report, and if they wish to add a minority report to do so At present we are dealing purely with one individual The matter will then be referred back to the Committee

Proposed Amendment to Chapter XVI, Section 2 Annual Meeting (Papers)

DR HAMILTON Your Reference Committee on Report of Constitution and Bylaw Amendments begs to report as follows in reference to the amendments submitted

Proposed Amondment to Chapter XVI, Section 2

"All papers read before the Society at its Annual Meeting by its members shall become the property of the Society but shall not be accepted necessarily for publication in the New York STATE JOURNAL OF MEDICINE unless approved by the Editor responsible for this function

Your Committee is of the opinion that an additional safeguard in the matter would be to alter the last line "That approval by the Publication Committee "

SPEAKER BAUER That would leave the last sentence, "unless approved by the Publication Committee" rather than by the Editor, is that correct?

DR HAMILTON We make an additional safeguard, "by the Editor and the Publication Committee"

SPEARER BAUER The Roference Committee then recommends that the article in the Bylans will now

"All papers read before the Society by its members shall become the property of the Society but shall not be accepted necessarily for publication in the New York STATE JOURNAL OF MEDICINE unless approved by the Editor responsible for this function and the Publication Committee"

DR HAMILTON Right

SPEAKER BAUER Is there a second to that motion? DR GEORGE W KOSMAK I will second it

Speaker Bauer Any discussion on it?
Dr Benjamin M Bernstein, Kings Suppose the paper is turned down by the Publication Com mittee, may that man refer that paper to some other journal?

SPEAKER BAUER It would be my interpretation

he would I am subject to correction, however

Dn. HAMBITON That is the property of the Society for publication in the Nr w York STATE JOURNAL OF MEDICINE but If they do not want it I should say he would have the right to submit it to another journal.

DR. ALPRED M. HELLMAN, New York How long

does he have to wait before he can do that?

SPEAKER BAUER It would be the property of the State Society It would either be rejected or ac cepted for publication in the JOURNAL. My in terpretation would be that if it were rejected they would send it back to the author for such other disposition as he saw fit. Perhaps it might be well to clarify that, however so there would be an additional sentence to cover that point

Dr. LEO F Schiff Chalon I was going to sug gest that it would only be fair to ask the committee to take this hack and clamfy it by an additional sentence stating what happens to the paper if it is rejected for publication in the Journal, so as to

mako lt clear

DR. GEORGE C ADIE Westchester If I am not incorrect, the resolution reads 'if a paper is presented by a member of this Society" What happens about a guest partlespant in the Society?

SPEAKER BAUER Can you answer that Mr

Chairman?

Dr. Hammon Suppose I read it over again

"All papers read before the Society at its Annual Meeting by its members shall become the property of the Society but shall not be accepted necessarily for publication in the New York the Editor responsible for this function and tho Publication Committee

Dr. Adre. What about a guest speaker? Speaken Bauen For your Information, the present hylaw reads the same way

"All papers read before the Society by Its members shall become the property of the Society Permission may be given however by the Council or House of Dolegates to publish such paper in advance of its appearance in the NEW YORK STATE JOURNAL OF MEDICINE'

DR. JAMES F ROONEY I think it should have a qualification, and I will move to amend so that the context shall be as Dr Hemiton has given it, provided that when a paper which is presented by either a member of this Society or a guest of the Society is not eccepted for publication in the Journal, the paper will be returned to the person presenting it within a period of three months with authorization to publish elsewhere as he desires

DR. BENJAMIN M BERNSTEIN I second the

SPEAKER BAUER You have before you the amend ment to the original motion The question comes first on the amendment Is there any discussion on

Dr. George W Losman I don't believe we should impose on invited guests that restriction namely that their papers or contributions to the program are the property of the State Society don t believe that that applies anywhere I think that a guest is always given the privilege of publishing the paper wherever he wants to publish it It is hardly fair to an invited guest to restrict him in that particular fashion

Dr. ROOMEY I don't think there is anything in the provision of the Reference Committee that uses the word 'guesta," but in view of the fact that there might be the construction that they were required

to conform to the bylaws of the Society even though they were guests. I purposely added the word 'guests' so there could be no question about it Spraker BAUER Except that the amendment itself pertains only to papers by the members

Dr. ROOMEY That is quite true You mean the

proposed amendment?

Speaker Bauer The present hylaw says "by its members" and this proposed change has not altered that.

Dr. ROONEY But in my qualifying amendment I added the words or guests," which would qualify the preceding portion so that it would relate to both members and guests and would at least resolve the apparently unclear agnificance of the original report

DR. ALFRED M HELLMAN New York I don't see how we can make a hylaw requiring that guests' papers become our property. We cannot enforce such a law Why make such a law when we have no

power of enforcement?

DR. ROONEY But we have not done that.

SPEAKER BAUER The interpretation of bylaw does not require that the papers of guests be

considered the property of the Sonsty
Dn. Hellman But the amended resolution of
Dr Rooney does. It says specifically 'or guesta."
SPEAKER BAUER Except that If the paper is sub-

mitted for publication in the Journal and is re-jected it will be returned.

Dr. Rooner Thet is the point.

Splaker Bauen The papers that are the property of the Society are from members only, not from guests, but if a guest submits a paper for publication in the JOURNAL and it is rejected that

will be returned to him.

Dr. Rooner That is the point. You will find that I said, 'is not accepted for publication in the

The question was called for on the amend ment, which was put to a vote, and was carried the motion, as amended was put to a vote, and was carried

### Proposed Amendment to Chapter III, Section 4

DR. HAMILTON Your Reference Committee on Report of Constitution and Bylaw Amendments begs to roport as follows in reference to the amendments submitted

Proposed Amendment to Chapter III, Section 4 "There shall be added to the end of the present section the following

When available a voting machine shall be

used instead of printed ballots." Your Reference Committee is in accord with the proposal in societies with very large urban member

ship, in smaller someties it would be impracticable and prohibitive in its expense.

Speaker Bauer What is your recommendation?

Dr. Hamilton We recommend the approval of

the amendment.

DR. BAMUEL Z FREEDMAN, New York. Docs that mean the county society?

SPEAKER BAUER No, this is the State Society olection.

Dr. FREEDMAN Why was the part inserted then that In smaller societies it would be impracticable and not feasible?

SPEAKER BAUER That was just a general com ment wasn't it Dr Hamilton?

Dr. HAMILTON We were thinking in different terms

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Dr. Freedman You mean this only applies to the State Society?

SPEAKER BAUER Yes, Chapter III deals with the State Society election of Officers, Councilors, Trustees, and Delegates

DR FREEDMAN Then I have no objection to it

DR THOMAS M D'ANGELO, Queens The com-

ments of the Chairman seem to be completely against a voting machine, yet his resolution at the end favors the adoption of a provision calling for a voting

May I ask that he please read that resolution

again?

SPEAKER BAUER Will you reread that, Dr Hamilton?

DR. HAMILTON Your Reference Committee on Report of Constitution and Bylaw Amendments begs to report favorably in reference to the amendment submitted to Chapter III, Section 4

"There shall be added at the end of the present section, the following

When available, a voting machine shall be used instead of printed ballots'"

DR D'ANGELO That was not the complete gist of your remarks before unless I misunderstood them

DR HAMILTON Then I added that your Reference Committee is in accord with the proposal, in other words, we recommend its adoption

Dr. D'Angelo That wasn't the way I got it

DR LAURANCE D REDWAY, Westchester Being responsible for this amendment, which I introduced through the courtesy of the Speaker at the very end of the meeting at the Hotel Pennsylvania at the last General Meeting, perhaps I can clarify the matter a As you know, we have always had this complicated system of collecting ballots by tellers, etc

As it so happens, the agenda of the Delegates' Meeting is pretty full, especially toward the end of the meeting, and it seemed as though it might be a time-conserving thing when a voting machine were available to have the delegates vote by a voting Instead machine just as you do in the polls today of the complicated system of writing out the ballots, and having your tellers, designated by the Speaker, collect them and tally them, that time-consuming procedure would be eliminated and the voting machine would give the House the result almost immediately, if such voting machine were available

That was the purpose in introducing the amendment which has now been reported on by the Reference Committee, and who have presumably com-

mented favorably upon it

DR MORRIS MASLON, Warren I again wish to state that I was a member of that Committee, but I did not understand it that way It occurs to me now that in order to use a voting macine one would have to know who the candidates are way in advance to fix up the machine accordingly I cannot believe that there is any such machine available, is there, that fixes up the names of candidates weeks in advance of their being nominated? (Laughter) If there were, I am sure you would not admit it (Laughter) I move that this be referred back to the Reference Committee for discussion to reconsider that

DR STEPHEN R. MONTEITH, Rockland I second

that motion to recommit

The question being called, the motion was put to a vote, and was unanimously carried. .

Section 55

Notice of Proposed Amendments to Constitution and Bylaws

SPEAKER BAUER While we are on the Constitu-tion and Bylaws, there are other amendments which have been submitted. Some of them have been printed in your Annual Reports, but as they have never been presented before the House of Delegates the bylaws require that they must be read at this meeting, and then they will be in the hands of the Secretary until the next meeting of the House of Delegates, and acted upon then However, they must be read, so I will ask Dr Anderton if he will read the proposed amendments, and there is one other which has come in since. All it requires is a mere reading, and no action can be taken thereon at this time

# Chapter VII, Section 6, of the Bylaws

Secretary Anderton This appears on page 54 of the Annual Reports

In Chapter VII, Section 6 of the Bylaws, delete the second and third sentences, which read

'These minutes shall be copied from a stenographer's notes with such deletion only as will not modify, alter, or becloud the history of the actions of the said bodies. The stenof the actions of the said bodies. The sten-ographer's typewritten copy shall be pre-served until ordered destroyed by the House of

Delegates ' Insert the following language in place of the

deletion
'He shall perform such other duties as may be prescribed from time to time by the House of Delegates or the Council,

amending said section so as to read as follows Section 6 The Secretary shall attend all meetings of the Society, the House of Delegates, the Council, the Board of Trustees, and the Board of Censors, and shall keep minutes of their respective proceedings. He The Secretary shall attend all shall perform such other duties as may be prescribed from time to time by the House of Delegates or the Council'"

# Chapter VII, Section 7, of the Bylaws

SECRETARY ANDERTON This also appears on page 54 of the Annual Reports

In Chapter VII, Section 7 of the Bylaws, delete the following words from the first sentence

be responsible for and have general charge of the Society's offices and the employees therein He shall be '

Insert in place of said deletion the following

language countersign all checks issued by the Treasurer

on funds of the Society, he shall be' Section 7 The Secretary shall countersign all checks issued by the Treasurer on funds of the Society, he shall be the custodian of the seal of the Society, and of all books of records and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep an account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members at all sessions of the Society With the aid and cooperation of the secretaries of the county societies, he shall keep a proper register of all the registered physicians of the State by counties

He shall aid the officers of the District Branches in the organisation and improvement of the county societies and the extension of the power and influence of the Society He shall conduct the official correspondence, notifying the members of meetings, officers, councillors, trustees and Board members of their election and committees of their appointment and duties. He shall affix the seal of the Society to all credentials assued to members of the Society elected by the House of Delegates and to such other papers and documents as may require the same. He shall make an annual report to the House of Delegates He shall supply each county society with the necessary hlanks for making their annual reports to this Society Acting in cooperation with the Council he shall prepare and issue all programs. He shall be a member of the Council. He shall be ex officio a member of all beards and committees without vote He shall record the name and date of admission of each member of the Society '"

### C. Repeal of entire Chapter VIII of Bylaws

SECRETARY ANDERTON C reads "Repeal entire Chapter VIII of the Bylaws entitled 'Direction of Activities."

### D Chapter XVIII, Section 2, of Bylaws

SECRETARY ANDERTON D reads

"In Chapter XVIII, Section 2 delete the following

'given at a provious annual meeting of the House of Delegates, and before the same can be acted upon it shall be published once before

the annual meeting in the and insert in place of said delotion the following published one month before the annual meeting in the,

so that said Section 2 of Chapter XVIII shall

read as follows Section 2 Notice of the proposed amendment shall be published one month before the annual meeting in the official buildin or

# journal of the Society '" R. Article IV of Constitution

SECRETARY AMDERTON The following amend ment to the Constitution has been proposed by Dr James F Rooney, Trustee

"Amend Article IV, Council by adding the words "Second Vice-Fresident' after the word President-Elect' and adding the words 'Assistant Secretary' after the word 'Secretary' after the word 'Secretary', the words 'Assistant Tréasurer' after the word 'Treasurer' and the word Vice-Speaker' after the word 'Speaker,' and 'the President of each district branch of this Society for the term to which he was elected.' The article would then read 'Threa shell be a Conneal composed of the

There shall be a Council composed of the President, the President-Elect, the Second Vice-President, the immediate Past-President, the Secretary the Assistant Secretary, the the Secretary the Assistant Secretary, the Treasurer, the Assistant Treasurer the Speaker, the Vice-Speaker the Chairman of the Board the Vice-Speaker the Chairman of the Board by the of Trustees nine other members elected by the House of Delegates, and the President of each district branch for the term to which he was

### F Chapter II, Section 1, of the Bylaws

SECRETARY ANDERFOR There is also an amendment proposed to Chapter II, Section 1 of the Bylaws by Dr James R. Reuling, as an individual

"That Chapter II, Section 1 of the Bylaws be amended by inserting after the sentence.

'Each component county society shall be entitled to elect as many delegates as there shall be State Assembly Districts in such county at the time of election, but each county medical society shall be entitled to elect at least one delegate '

the following sentence

'Any component county medical society which, according to the rolls of the State Society, on May 1 of the previous calendar year shall have had 125 or more members, shall be entitled to elect not less than two delegates, any Society with 250 or more members, not less than three delegates, any Society with 375 or more members, not less than four delegates, any Society with 500 or more members not less than five delegates, any Society with 1,000 or more members shall be entitled to elect not less than one delegate for each 250 members and fraction of that number "

SPEAKER BAUER These amendments are read purely for your information They will remain in the hands of the Secretary, must be published at least once before the Annual Meeting and will then come up for consideration.

#### Section 56 (See 54-72-82)

Reconsideration of House on Action Taken in Connection with Chapter XVI, Section 2, of Bylaws (Annual Meeting Papers)

Dr. James R. Reuling I would like to make a motion to reconsider the action that the House has just taken relating to the publication of papers read before the State Society, and dealing with Chapter VY Section 2 of the Bylaws.

SPEAKER BAUER How did you vote on the resolution?

DR REULING I voted for it

SPEAKER BAUER O.K.

DR. REULING The intent is not entirely clear That is the purpose of my making the motion. I would like to move to reconsider it so that I might make another motion that it he re-referred to the Reference Committee

SPEAKER BAUER A motion to reconsider the action of the House in amending Chapter XVI Section 2 of the Bylaws is before you. Is there a

second?

DR. KIRBY DWIGHT I will second lt.

DR. HOMER J KNICKERBOCKER, District Delegate Why could not the same objective be accomplished hy consultation with the Reference Committee?

SPEAKER BAUER It caunot be done. The House has taken action on it. It will have to be recon aldered

The question was called, and the motion to reconsider was put to a vote and was carried SPEAKER BAUER It is now up for reconsideration

Do you wish to move that it be re-referred?

DR REULING Yes, I move it to re-referred to the Reference Committee for clarification. SPEAKER BAUER The motion has been made

that it be recommitted to the Reference Committee for reconsideration and the hringing in of a subse-

quent report.

The motion was seconded, and as there was no discussion, it was put to a voto and was carried.

SPEAKER BAUER It has been so recommitted Will you see that word of that gets to Dr Hamilton? SECRETARY ANDERTON Yes.

Section 57 (Sec 12)

Report of Reference Committee on Report of Council-Part VI Rehabilitation

DR THOMAS D'ANGELO, Queens Your Rescrence Committee has carefully reviewed the report of the Council, Part VI, on Rehabilitation, and has also interviewed the chairman of the committee, Dr Mitchell It has been impressed by the scope of the work planned by the State of New York in this Very few physicians are aware of the implications of this law Before discussing the report itself, the reference committee thought it wise to give the delegates some background and history of this work

This program is being carried out under the State Education Law, Article 47, as amended by Chapter 88, Laws of 1945, in effect April, 1945, and called the Vocational Rehabilitation Law This law implements the work of the Federal Vocational Rehabilitation Program under the Federal Social Security This cost is borne by both the Federal government and the State government in equal proportion, except that the Federal government pays the cost of administration and also all the cost for rehabilitation of the war veterans

In this State the law is administered by the Department of Health and the Department of Education with some help from the Department of Social

Welfare and the Industrial Commission

Under this act, rehabilitation shall mean "Tho rendering of a handicapped person fit to engage in a remunerative occupation" It specifically exempts aged or helpless persons requiring permanent custodial care, or any person in any State mental institution or confined in any correctional or penal institution, or any person, who in the judgment of the Commissioner of Education may not be susceptible to rehabilitation, or persons under fourteen years of age It shall, however, apply to other than physically handicapped persons if, through psychiatric examination, the Commissioner of Education is satisfied that such persons are susceptible of re-

The work of the medical profession under this act is mainly with the Department of Health connection the policy of the State Board calls for a Professional Advisory Committee whose duties and responsibilities will include (a) advising the Supervisor of Physical Restoration with respect to general policies, setting of standards, selection of rates and methods of payment for services, supplies, and prosthetic appliances, etc., and (b) it is desirable that the Professional Advisory Committee include representatives from at least the following professional advisory are professional and the professional and the professional areas are professional areas are professional areas and the professional areas are profess fessional groups medicine, public health, nursing, and hospital administration

The Manual of Policies also advises the State to set up standards in order to qualify medical specialists It specifically advises the State Agency to

utilize the following criteria

Certification by the appropriate American

Medical Specialty Board

(b) Fulfillment of the training and experience requirements for admission to examination of such boards

(c) State agency standards for the qualification

of physicians in specialties

(d) Be qualified at the discretion of the Commissioner

The Council Committee of Rehabilitation was appointed to study this Act and meet with the state agencies in order to present the viewpoint of the

medical profession In this respect the Committee has done very well when we consider the short time that the Committee had to do this work. The State has decided to limit the scope of rehabilitation to surgery. With this in view, the membership of the Committee was well chosen because, besides Dr Mitchell, the Chairman, the Committee is composed of an orthopedist, a general surgeon, an ophthalmologist, an obstetrician and gynecologist, and a plastic surgeon

Your Reference Committee commends the fact that the fee schedule is not to be lower than the compensation fee schedule, and as a matter of fact is somewhat higher The state agency has also agreed to raise the fee schedule if the compensation rates The Committee has endorsed the are raised standards for qualifying the medical specialists.

Your Reference Committee finds all this a very good beginning, and we feel that in this case the state agencies are availing themselves of the advice of the medical profession. We commend the Com-mittee for its excellent work, and move the adoption of the Report of the Council, Part VI

The motion was seconded

Speaker Bauer You have before you the report of the Reference Committee, which commends the work of the Subcommittee on Rehabilitation Is there any discussion on it?

DR OLIVER MITCHELL I think there is one error in it, where it said that that particular activity was conducted by the Department of Health meant the Department of Education, did you not?
DR D'ANGELO Yes.

SPEARER BAUER That one correction will be add. It has been accepted by the Reference made Committee

DR D'ANGELO RIGHT
DR THOMAS A MCGOLDRICK I would like the speaker to further clarify the sentence as to the relation of the state work to the Social Security Board of Washington He did mention the amount of money that would be paid to the state from Washington, and I would like to know if there is any other relationship Does the program have to be approved by Washington? Are there any reports that must be made by the State to Washington?

DR D'ANGELO I cannot answer that question, Possibly Dr Mitchell can McGoldrick furnish you with that information, though
SPEAKER BAUER Dr Mitchell, can you answer

the question?

DR MITCHELL The Division of Rehabilitation, as set up in this State, is in the State Department of Education, and I have only had conferences with the director of that Division, Mr Bohlin There is no medical director in that setup Provision is made, I believe, for a medical director, but sufficient money has not been appropriated for them to secure the man they want When I asked Mr Bohlin about our schedule of fees, whether or not that would be acceptable to Washington, he said yes We have not dealt directly with Washington.

DR McGoldrick That answers in part my question As the Chairman of the Reference Committee has stated, this money comes from the Social Security Board at Washington. Now it is a standard practice and principle of the Social Security Board at Washington to get control of medicine throughout the states by the states by a special formula. That formula is to give a certain amount of money to each statethey may call it for administration or for assistance, but then they direct absolutely, as in the EMIC Plan, just what shall be done The state will then

arrange n program of its own, but it must be submitted with these other plans to Washington and the Board there approves of it, If they approve of it at all. In other words just as in the different bills which we have had to consider, it is another step which the Social Security Board of Washington takes to secure greater and greater control of the health and the practice of medicane throughout the states. They will give some pittance of money to the state so that the control will be in their hunds, and if the state is financially weak enough to have to rely on that then the state s power is lost in the long run. It is the same thing as in these other propositions so I asked just what relationship there is. As Dr Mitchell has just said, even the fee schedule will be submitted to Washington, and he has not yet heard the result

We talk n great deal of what the state may do in regard to that Emergency Maternity and Infant Care but strictly speaking it can do very little The program is laid down in Washington and the state must conform to those plans so laid down for them there or there will be no money given, and the money is used as a whip hand. This is another encroachment on the control of medicine. It is

taking away from the states certain powers. I make this point, not, of course objecting to any rehabilitation of people. No doctor is objecting to that in any possible way. Nor am I objecting to the program itself. I am thinking of these insidious influences that are manifesting themselves, and there also comes to my mind what a noh state New York is Last year they had more than \$50 000 000 in income put ande that they could not spend, and the Governor has directed that it is going to be used for these veterans returning from service You see hero a question not only for voterans but for psychiatrie treatment and psychiatric examination which have had nothing to do with the war so I fear that these encroachments on the part of the Federal government more and more into the control of medicine and the health of the people are dangerous and open up the way to absolute control in a short while

DR DANGELO I am sure that the committee welcomes the words of Dr McGoldrick However the committee was faced with a law that had already been enacted, and was called in purely to see how that art could be administered in the State of New York. The Committee fully realizes the tremendous implications of this law and I only wish to read

once more from our report

"Under this act, rehabilitation shall mean The rendering of a handicapped person fit to engage in n remunerative occupation.

Such n wide and broad statement practically takes in everybody in the State of New York above the age of fourteen, except if they are blind or in a mental institution, who has any sort of chronic illness whatsoever

DR SAMUEL Z FREEDMAN New Fork Might I ask that you read again the qualifications for the

specialist? Dr. D'Angrio These are the bases of the qualifications. They need not be accepted by the state or by the Federal government. The Federal state or by the Federal government. government itself has asked the state to utilize the following critorin

(a) Certification by the appropriate American

Medical Specialty Board

(b) Fulfillment of the training and experience requirements for admission to examination of such boards.

(c) State agency standards for the qualifications of physicians in specialties.

(d) Be qualified at the discretion of the Com missioner

DR. FREEDMAN I don't know exactly what the proper procedure for me to follow would be. don't want to go against the report of the Reference Committee, but I think we should heatnte very very seriously to O.K that last part of calling somebody a specialist at the discretion of the Com-missioner That certainly is an all-inclusive thing. They might use that at some other time, perhaps, to classify and make specialists of their own choosing without going to the qualifying boards, and so on.

SPEARER BAUER Do you wish to make any motion, Dr Freedman?
DR. FREENMAN Yes I would like to make n motion not to approve of that part, that they be

qualified at the discretion of the Commissioner SPEAKER BAUER In order to clarify the situation if I misunderstood the Chairman he will correct me-the report is not approval of this law but approval of what our Council Committee has done DR. D ANGELO That is exactly it.

SPEAKER BAUER In trying to set up a situation in New York, which we had to accept whother we liked it or not and it is approving the work of the Committee in doing the best they could in a difficult

atuation.

DR. D Anomo You are exactly right. SPEAKER BAUER Now Dr Freedman has moved that the House go on record as disapproving that that the House go on record as disapproving that particular portion which provides that a specialist may be so designated at the whim of the Commissioner Is that correct, Dr Freedman?

DR. FREEDMAN That is correct.

SPEAKER BAUER That has been moved, of course,

as an amendment to the Committee's report. The Committee's report simply recommends approval of our Council Committee's activities in what they have been able to do, and asks them to carry on in the same way

DR. JACOB WEENE Queens I would like to make an amendment to the amendment, specifying that that recommendation be sent by the Committee to

the Commissioner administering this law Speaking Bauer. Will you repeat that? I could not bear you.

DR. WERNE I would move an amendment to the amendment, specifying that the recommendation that the Commissioner be not permitted to qualify specialists at his discretion be sent to the Com missioner by the Committee.

SPEAKER BAUER Inasmuch as that has not been

seconded, will you necept it?

Dr. FREEDMAN Yes, I will necept that as part of the amendment.

SPEAKER BAUER That will save time The amondment as proposed by Dr Freedman and by Dr Werne is that that portion of the report which deals with the designation of n specialist by the Commissioner is not approved by the House of Delegates. Is there any further discussion on the

amendment? DR D ANGELO I would like to speak in regard to Werne's amendment to the amendment, or qualification to the amendment One must remember that most of this work is being carried on through your committee and the agents of the State Department of Health and the State Department of Education. These talks, up to now, have been most informal, and a great deal of progress has been made. I think it would be wise for the amendment to leave out the fact that it had to be sent to the Commissioner It would be well to leave that at the discretion of your committee, which has done some very good work up to now, to present that part to the state agents with whom they are at present

discussing the entire problem

DR MADGE MCGUINNESS, New York May I ask why this is limited to surgeons only? Tuberculosis is coming into this picture of rehabiliation, and surely the surgeons would not set themselves up against the experts in tuberculosis Psychiatrists will also be called upon, as well as those interested in physical medicine The physiotherapists have been doing much in the field of rehabilitation for a long

DR D'ANGELO The reason this is being limited at present to surgery is because the act is just in its infancy. The work has to begin somewhere. Because of the fact that there are not at present sufficient funds to carry out the entire act, surgery

was taken as the first problem

DR ROGER A HEMPHILL, Livingston May I say that rehabilitation is taking place in tuberculosis, that we have patients consistently in my institution with tuberculosis of the knee, tuberculosis of the spine, and tuberculosis of the chest who are receiving, and have received, training and rehabilitation under the vocational training service of the state?

WERNE I would like to move another amendment to the motion calling for the acceptance of the reference committee's report to the effect that the House of Delegates go on record as advising that other specialties than surgery be represented in the committee for the reasons stated by Dr McGuinness and Dr Hemphill

SPEAKER BAUER Before I can accept that amendment, we will have to dispose of this other one, because that is apart from this The present amendment is that the section of the report allowing the Commissioner to designate specialists be dis-

approved by the House of Delegates

DR MITCHELL If you will read the report, as submitted, you will find the story as to why this Committee was appointed To go back into the history of the Crippled Children's Act in this state, which was a good many years ago, laws were passed which are administered by the State Department of Education of Health and the State Department of Education, and the real service department there is the State Department of Health The Crippled Children's Act has to do with the care of such children, and the money is provided by the county and one half of the cost is then provided by the state. It is a sub-sidized state program. That is all within the state At the time that program was started I believe Dr Sadher was the chairman of a committee, and I was a member of it, to prepare a fee schedule to guide the judges in the courts, because they would not know, otherwise, what the approximate cost would be for the care of such children Since that time the Health Department has realized that that fee schedule was too low, so they came to me about it I said that that was not a matter that I could decide, and that I would report it to the Council

Shortly after that the Director of the Division of Vocational Rehabilitation, Mr Bohlin, conferred with the Health Department regarding the surgical program of the Division which he directs, and wanted to know if we would confer with them I said we would be very glad to, so I saw Mr Bohlin and I saw the representatives of the State Health Depart-

ment The fee schedules are uniform They are the same for both the Health Department with the rehabilita-

tion or the Crippled Children's Act and the vocational rehabilitation in the Department of Educa-Mr Bohlin did not submit any program to us

except regarding surgery

Having had those talks, I reported to the Council. and it was felt advisable to appoint a committee As long as we were dealing only with surgery, I thought we would stick to representatives in those fields, which we have done At the same time we had meet with us the physicians in charge of our workmen's compensation activities in the State Medical Society, Dr Aranow and Dr Kaliski, so we compared all of these schedules and made them uniform That is as far as we have gone at the present time Mr Bohlin told me that it was not his intention at the present time to expand that program When he expands it, I certainly would recommend that we put on additional members

The question was called, and the amend-

ment was put to a vote, and was carried
SPEAKER BAUER That amendment is carried. Now, Dr Werne, I understand you have another amendment?

Dr. Werne No, I will withdraw my amendment. DR McGoldrick I would like to offer an amendment, that there be added to the report and recommendations of the Reference Committee an expression of opinion of this house that the work of rehabilitation in New York State be conducted and controlled by the State of New York and its political subdivisions, and that there be no financial control or authority over it by any central or federal bureau Dr. J STANLEY KENNEY I will second that

amendment

There being no discussion on this amend-

ment, it was put to a vote, and was carried SPEAKER BAUER You now have before you the original motion of the Committee, together with the two amendments, one by Dr Freedman and the other by Dr McGoldrick Is there any discussion on the amended motion?

... The question was called, and the amended

motion was put to a vote, and was carried Splaker Bauer The motion is carried, and the report is adopted, with the amendments you, Dr D'Angelol

Section 58 (See 17)

Report of Reference Committee on Report of Council-Part XIV. War Participation, General Matters. Convention, Nursing, Office Administration and Policies, Reorganization Committee, Woman's Auxiliary

DR EDWARD P FLOOD, Bronz War Participa-tion The Reference Committee felicitates the Council Committee on War Participation for the excellent type of questionnaire submitted to the members in service as evidenced by the large proportions of replies to those sent out. When the replies to the questions relative to the availability of refresher courses, internships, residencies, and assistancies to specialists are completed, we recommend that they be published in the JOURNAL and that an adequate number of reprints be furnished to the county societies and the academics of medicine and medical demobilization centers for distribution to the demobilized medical officers

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried

DR FLOOD Still on War Participation, we agree that the work of the committee has been in the best interests of the medical officers. We concur in the recommendation that the committee be discharged and its functions relinquished to a new council Committee on Voterans' Affairs This committee should have in its membership representation of medical officer veterans of the recent war

I move the adoption of this portion of the report. The motion was seconded, and as there was no discussion, it was put to a vote and was unani-

mously carried.

Dr. Floor General Matters The Report of the Council Committee on the Convention -- Wo regret the necessity of the cancellation of our scheduled meeting in the spring of 1945 We express our gratitude to the convention committee and the subcommittees on Arrangements, on Scientific Pro-grams, on Scientific Exhibits, and on Technical Exhibits for their efforts toward the success of a project that died aborning We regret that the plan of Mr Dwight Anderson for a convention hy mail had to be canceled because of a paper shortage.

Nursing -The issues engendered by the recruiting programs of the armed forces are now, thankfully, a matter of academic interest, as is the necessity of a program curtailing the previously recognized standards of nursing education. We agree with the opinion of the Committee on Nursing

Education that the curriculum recommended by leaders in nursing education should be strengthened to enhance the ideal of a trained nurse as a pro-fessional individual The Reference Committee approves the comment of the Council Committee on Nursing relative to the training of the so-called practical nurse Because in the lay mind the so-called "high cost of medical care" is often the result of the disproportionate cost of the nursing care, we should welcome efforts for the extension of numing-care insurance

Office Administration and Policies -The activities and accomplishments of the special committee on Office Administration and Policies are commended The Reference Committee agrees with the recom-mendation that the House of Delegates continue the committee working under the supervision of and reporting to the Council, and that the House give the iollowing directive as to the continuance of its

personnel

"The Committee on Office Administration and Policies shall consist of the Secretary, the Business Manager of the Journal and Directory the Literary and Managing Editors, the Treasurer, and one member of the Board of Trustees to be appointed by the President of the Society, after consultation with the Chairman of the Board of Trustees."

I move the adoption of this portion of the report. The motion was seconded and as there was no discussion, it was put to a vote, and was unanimously

carned.

Dr. FLOOO Reorganization Committee .-- The action of the Committee relative to the matter of compensation for the late Dr Irving and the appointment of Dr Walter P Anderton as Secretary is approved We approve the recommendation of the committee that an Office Manager to be designated as Executive Secretary be appointed

Wecongratulate the committee on the appointment of Dr. Kosmak as Editor of the Nzw York Statz American Medical Association on securing the services of Dr. Joseph S. Lawrence at its Washing-ton Dropping and the services of Dr. Joseph S. Lawrence at its Washing-ton Dropping and the services of Dr. Joseph S. Lawrence at its Washing-ton Dropping and The State of the Stat ton Bureau, and we are happy in our own good fortunn in securing Dr Robert R. Hannon as Executive Officer of the Society

The Council is to be commended on its appointment of a Subcommittee on Workman's Compensation which will work directly with the Chairman of the Workman's Compensation Board of the De-partment of Labor, Miss Mary Donlon We hope that this action will result in a continuance of our amicable relations with the Bureau of the Workman's Compensation.

Woman's Auxiliary—The activities of the Woman's Auxiliary in the war effort have redounded to its great credit. The work of the Woman's Auxiliary was of paramount importance to the welfare of the Society in legislative matters.

Belated Bills —We approve the recommendation for the payment of the belated hill rendered for expenses of the Subcommittee on Hard of Hearing and the Deaf

I move the adoption of this portion of the Com-

mittee's report

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Dr. Flood Now I move the adoption of the report as a whole, signed by Denver M Vickers, Charles A. Prudhon, Moses A. Stavers, and myself

as Chairman

The motion was seconded, and as there was no discussion, it was put to a vote, and was unam monaly carried.

SPEAKER BAUER Thank you, Dr Floodi

Section 59 (See 60-108)

Report of Reference Committee on Report of Council-Part XIII. Malpractice Defense and Insurance and Legal Counsel

Dr. William B Rawls, New York The Reference Committee desires to call attention to a change in paragraph 2, part 1, made by the Com-mittee on Malpractice Defense and Insurance as follows

"In accordance with that directive, the Committee has made an extensive study of the malpractice insurance situation in this state, including a review of the history of the Group Plan since its organization in 1921 The Committee has made a conscientions effort to fulfill the directive of the House of Delegates but feels that further study is necessary to cover other problems that have arisen during the course of this study "

The Reference Committee recommends the approval of the suggestions for reorganization made hy the Committee on Malpractice Defense and In-

surance namely

(a) That a Committee on malpractice insurance and defense consisting of five members be created to replace the present Council Committee on Malpractice Defense and Insurance.

(b) That the members of the Committee be

appointed for one, two, three, four, and five years, respectively, and that each year the incoming

respectively, and that each year the incoming president appoint a new five-year member (c) That the Secretary Treasurer, Indemnit; Representative, and Legal Counsel be ex officion members of the Committee (d) That the Committee meet at the call of its

chairman and have duties similar to those of a board of directors of a corporation, that it receive the reports of and advise with the indomnity and legal representatives and report its findings and recommendations to the Council.

I move the approval of this recommendation

SPEAKER BAUER The motion is not in order in that the Malpractice Defense and Insurance Committee is already set up in the Bylaws as a Council committee of three members, and it would require an amendment to the Bylaws to accomplish the aim of the committee That portion of the report which deals with the functions of the committee can be accepted at this time if the House desires, but the reorganization of the committee to consist of five members, with one-, two-, threc-, four-, and fiveyear terms, respectively, constitutes an amendment to the Bylans and cannot be considered until next I will accept your motion for the adoption of that part of the report which does not pertain to the amendment of the bylaws

DR RAWLS I so move

The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried

SPEAKER BAUER That portion of the report is adopted, and that section dealing with the amendment to the bylaws will be placed in the hands of the Secretary for publication and consideration at the

next year's meeting

DR RAWLS The clear and concise way the aims and functions of group insurance are presented, we believe, make it worth while for each member to read and study this report in its entirety, and particularly that part which has to do with the basic requirements of the Group Plan Tho Reference Committee wishes to compliment the Committee on the enormous amount of work done, and recommends a vote of thanks from the House of Delegates

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried

Dr RAWLS I now move the adoption of the report as a whole, with the deletion suggested by the

Speaker, and already voted upon by the House The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried

Section 60 (See 59)

Notice of Amendment to Bylaws Reconstituting Present Committee of Malpractice Defense and

DR KENNEY We have prepared an amendment to the bylaws providing for such reconstitution, and if it is proper to introduce it at this time I should like to have that done to implement that recommendation

Speaker Bauer This is as good a time to do it

as any, if it is ready
DR KENNEY Yes Dr Flynn, will you present

DR JAMES M FLYNN It reads

"Whereas, the Group Plan of Malpractice Insurance and Defense was organized by the Medical Society of the State of New York to stabilize and perfect this type of protection for the members, and "WHEREAS, in accomplishing that purpose, the

Group Plan has grown to the size of a corporate enterprise large enough to require the supervision

of a board of directors, and

"WHEREAS, the direction of an undertaking of the size and character of the Group Plan requires continuity of supervision by a committee or board whose members remain in office long enough to become thoroughly familiar with the many

business and professional problems involved in the successful operation of it, and

"WHEREAS, the present Council Committee on Malpractice Defense and Insurance, after a careful study, has recommended that its functions be transferred to a permanently organized special committee or board, now, therefore, be it

"Resolved, that the Constitution and Bylaws of the Medical Society of the State of New York be,

Sections 2 and 3 of Chapter XII of the Bylans entitled "Special Committees" are renumbered 3 and 4, respectively

A new Section 2 is added as follows

and they are hereby amended as follows

'A Special Committee, to be known as the Malpractice Insurance and Defense Board, consisting of five members, including a chairman, shall be appointed by the President with the approval of the Council Five members of the committee shall be appointed in 1946 for one, two, three, four, and five years, respectively, and thereafter one new member shall be appointed each year to serve five years Vacancies for any cause shall be filled for the unexpired term by appointment by the President with the approval of the Council The Secretary, Treasurer, Legal Counsel, and Indemnity Representative shall be ex officio members of the committee with voice but without vote It shall be the duty of the committee to study and supervise, on behalf of the Society, all matters having to do with mal-practice insurance and defense "

Speaker Bauer That is purely for your information, gentlemen. It will remain in the hands of the Sccretary until next year

Section 61 (Sec 7)

Report of Reference Committee on Report of Council-Part I Postgraduate Education

DR ALBERT F R. ANDRESEN, Kings This report of the Council Committee on Public Health and Education is in two parts—the original formal report, followed by a supplementary report As the years go by your Reference Committees run out of sufficient laudatory adjectives in praising the highly important work done by Dr O W H Mitchell and his Committee Into his postgraduate education program he has gathered together many agencies interested in this work and in recent years has obtained great financial assistance from the Now York State Department of Health to provide expenses and honoraria for speakers

The education program consists of preparation of postgraduate lecture courses covering all phases of the practice of medicine, adding each year courses on pertinent new advances, such as the recent courses on penicilin and sulfonamide therapy, tropical medicine, and virus diseases courses are made available through publication of the magnificent Course Outline Book, listing all the available courses During the past year, one hundred and five lectures were given in thirty

counties

In addition to this the Committee arranges regional meetings and teaching days in various parts of the state, gathering together members from groups of counties During the year ninety lectures were given at twenty-five such regional meetings, thirteen meetings being devoted to cancer, nine to poliomyelitis, one to rheumatism and rheumatic heart disease, one to general medicine and psychiatry, and one to psychotherapy and general medicine Practically all counties in the state except a few of the larger ones were covered in these

It is impossible to estimate the great service being rendered by Dr O W H Mitchell and his Committee, not only to this state hut hy his shining example to the whole nation. The postgradunte program cannot fail to raise the standard of medical practice in this state resulting in direct benefit to every citizen of the state. The methods used by Dr Mitchell are being carried out in an increasing number of other states Today Dr Mitchell can be easily classed as one of the leading educators in the country

I move the adoption of the report giving Dr Mitchell and this Committee a voto of thanks for invaluable services rendered and advising continuance of his Committee. This is signed by Joseph H Diamond, Vincent Juster and myself as Chairman.

The motion was seconded, and as there was no discussion, the motion was put to a vote, and was unanimously carried

SPEAKER BAUER Thank you, Dr Andresen!

Is there any other reference committee chairman ready to report?

(There was no response)
SPEAKER BAUER If not I believe Dr. Murray, of New York, has a resolution he would like to intro-

# Section 82 (Sec 94)

Governor's Commission on Medical Care

DR. PETER MURRAY Acto I ork. On behalf of the delegates of the Medical Society of the County of New York I wish to submit this resolution

"Wiereas, the New York State Commission on Medical Care was appointed by Governor Dewey in September, 1944 and charged by the Governor with the task of devising a workable plan for broadening the availability of medical services and bospitals while at the same time preserving the integrity and freedom of the medical

profession', and "Wheneas, the tentative plans developed by this Commission as revealed recently to repre sentatives of the Medical Society of the State of New York, contain many proposals and features which in their judgment, are impractical or would prove detrimental to sound medical progress, and would effectually destroy the integrity and free-

dom of the medical profession, and
"Wheneas the medical profession yields
place to no other group in its determination to
improve the quality and availability of good
medical care to every person in New York State
as oridoned by its energytic development of

as evidenced by its energetic development of voluntary modical-care insurance plans, and "WHEREAS, the New York State Commission on Medical Care, as presently constituted, con tains an inadequate number of physicians who truly represent the general practice of medicine,

and WHEREAS it would obviously be in the public interest if the support and participation of the medical profession might be assured in advance for any program to be offered by the Governor's

Commussion, therefore be it
"Resolved, that the Governor be requested by the House of Delegates of the Medical Society of the State of New York to reconstitute the New 1 ork State Commission on Medical Care by the appointment of additional netive practitioners of medicine and be it further

"Resolved, that the Medical Society of the State of New York, hy action of the House of Delegates, through its Council, request the Governor's Commission on Medical Care to provide for a continuing conference with representatives of the Society for the purpose of developing 'a workable plan for broadening the availability of medical services and hospitals while at the same time preserving the integrity and freedom of the medical profession '"

SPEAKER BAUER Reforred to the Reference Com mittee on New Business C, of which Dr Monteith is Chairman

### Section 63 (See 88) Medical Bihics

DR. BENJAHIN M BERNSTEIN, Kings This concerns Medical Ethics

"WHEREAS, the education of the lay public in medical matters is the direct concern of the medical profession, and

"WHEREAR, it is of the utmost importance that such lay education be factually correct and ethically sound, and

"WHEREAS, proper regulation of the means to be employed and the channels to be used for this purpose will be of benefit to the public and to the

medical profession, be it "Resolved, that the Public Relations Committee or similar committee of each county society shall be directly responsible for the carrying out and enforcement of adequate regulations and safeguards for the proper dissemination of medical knowledge to the lay public, and be it further

Resolved, that a special committee be appointed for the study and review of the present Code of Ethics of the State Society for report at the next regular meeting of the House of Delegates of the State Society for its action '

SPEAKER BAUER Referred to Reference Committee on New Business A of which Dr Heliman is Chairman.

#### Section 64. (See 114)

Recommendation of Abolition of 5 Per Cent Discount to Insurance Carriers on Compensation Bills

DR. EXRA A. WOLFF Queens The following resolution is presented at the instruction to the Queens delegation of its county society

"Whereas, the 5 per cont discount for payment of bilis within thurty days of submission of such bills by physicians for the treatment of patients under the Workmen's Compensation Law appears to be unfair to the physicians rendering

the hills, therefore be it

"Resolved, that the membership of the Medical
Society of the County of Queens, Inc instruct its
delegates to the House of Delegates of the
Medical Society of the State of New York to propose the discontinuance of the 5 per cent discount on bills over \$15 and in its place recommend to the Commissioner of Labor the payment by insurance companies of 6 per cent per annum interest on all blils which are not paid within sixty days of the date of receipt of such hills."

SPEAKER BAUER That is referred to the Reference Committee on Report of the Council, Part X, dealing with Workmon's Compensation of which Dr Leo Simpson is Chairman.

Section 65 (See 101) Veterans' Hospitals

DR J LEWIS AMSTER, Bronx The resolution I am about to introduce deals with the care of veterans

"Whereas, our attention has been called to the need of additional hospitals for the care of veterans who have served in World War I and

World War II, and "Whereas, this need is becoming more and more emphasized with the rapid homecoming of our sick and disabled men in the armed forces, and

"Whereas, some of the veterans' hospitals situated in and around the City of New York are

now taxed to capacity, be it "Resolved, that the Medical Society of the State of New York approves the immediate erection of additional hospitals for the care of sick and disabled veterans in this vicinity "

SPEAKER BAUER Referred to the Reference Committee on New Business B, Dr Moore, Chairman

Section 66 (See 4-5)

Report of Reference Committee on Reports of the Past-President and the President

DR EUGENE H COON, Nassau Your Reference Committee on Report of the Past-President feels that the Medical Scorety of the State of Now York has been particularly fortunate to have had so capable a leader as Dr Herbert H Bauckus during this past year Thus has been a trying and troublesome year However, Dr Bauckus has at all times been awaro of the changing medical trend, and his clear thinking and sound opinions have proved to be valuable assets

We have read the report of the President committee heartily concurs with Dr Bauckus' remarks concerning the deaths of Drs Irving and Podvin and the resignation of the executive secretary, Dr Lawrence We appreciate that the loss thus suffered by the Society was most keenly felt by him, and we commend him and the nowly appointed personnel for the efficiency with which the Society has functioned under difficult conditions Dr Bauckus points out with prido the part our membership engaged in the military services has played in winning the war We, also, are proud of their role and suggest that some memorial be in-stituted in memory of those members who have mado the supremo sacrifice

Ho fails to see any virtue in a basic science law and appeals for upholding the high standard requirements of the Medical Practice Act We wish to emphasize this point and say that we must continuc with every device at our command to oppose lesiglation that would legalize chiropractic must strive for proper enforcement of the present Medical Practice Act It is our hope that he will maintain an active interest regarding this particular

legislation

The President has called attention to the work of the Public Relations and Economics Committee and the Subcommittee on Medical Care Insurance urge that the membership at large read the reports of these committees so that they may be better informed regarding the efforts of organized medicine in New York State to solve the problem of voluntary medical-care insurance, and second, we urge that the membership give its wholehearted support to the various society-sponsored voluntary medical-care insurance plans

This committee approves the action of the Council and the Board of Trustees to submit regular reports in suitable form to the component county societies

We commend the President's reference to the wonderful esprit de corps of our Medical Society and observe that it is largely due to the leadership of Dr Herbert H Bauckus and others, who have given so freely of their time to forward the crusades of our Society

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Cunnifio has assumed office Coon Dr under unusual and trying circumstances proving himself a master in conducting the affairs of the Society

The committee is pleased to note the good work accomplished by the Society through his guidance, as exemplified by the survey of Dr Sullivan's Subcommittee of the Council Committee on Public Health and Education

Dr Cunnifie points out the need for a uniform policy for voluntary medical care. We concur with his request and urge that the House of Delegates

take some action on his suggestion

We heartily approve the emphatic statements made by the President regarding antivivisection. We, too, commend Erie County for its plan to educate the public concerning the value of animal experimentation, and recommend that similar action be considered by the various component county societies

The committee feels that despite the handicaps under which Dr Cunnifie has labored he has accomplished much, and anticipates a most successful

year under his energetic loadership

I move the adoption of this portion of the report SPEAKER BAUER You have before you this report which pertains to the romarks of the immediate President of the Society, Dr Cunnifie Is there any discussion on it?

You made one remark in that report that suggested that the House take some action on his recommendation, but you made no specific recommendation, is that correct?
DR COON That is right

The motion was seconded, and as there was no discussion, it was put to a vote, and was

unanimously carried Dr. Coon Now I Now I move the adoption of the report as a whole, which is respectfully submitted by Drs. J A Pritchard, Louis A Friedman, Morris Ant, Benjamin Abramowitz (in absentia), and Eugene H Coon, as Chairman

. The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

SPEAKER BAUER Thank you, Dr Coon!

Section 67 (See 15)

Report of Reference Committee on Report of the Council-Part XI Medical Licensure

DR ANDREW A EGGSTON The reports of the Council Committee on Medical Licensure for 1943-1944, composed of Drs F Leslie Sullivan, Chairman, Howard Fox, and David A Haller, are most complete and thorough and should be read by every member of the Society in order to get a bird's-eye view of medical licensure not only in New York It is well State but in the entire United States

presented, with appropriate tables and significant comments. It comprises such interesting paragraphs as consolidated examinations, failures by candidates homse by reciprocity and endorsement graph of additional licentlates to the medical pro-lession in the past few disruptive years is of interest. License under the accelerated program, as well as premedical acceleration, is thoroughly reviewed. A comprehensive report is offered on the relocation of physicians. The annual registration of doctors' requirements by various ctates is partinent. The number of candidates examined in the difficult period of 1939-1944 is included. A review of the registration of physicians by written examination, reciprocity, or credential endorsements, both for our states and from other countries, is comprehensive The Council Committee concludes with the very pertinent remark

"The Council of the Medical Society of tha State of New York, through its Committee on Medical Licensure, has approved and sent to the Legislative Committee for action

That citizenship as a requirement be in-

corporated in the Medical Practice Act

2 In lieu of this, that an amendment similar to Article V, Section 2193 of the California Medical Practice Act be introduced Thus is in addition to other accepted requirements that we now have in our Medical Fractice Act and would be added to alleviate some of the difficulties we have encountered with foreign licentura

If the applicant is not a citizen of the United States, the country in which he has been licensed to practice medicine and surgery will admit to practice therein citizens of the United States upon proof of prior admission to practice medicane and surgery in some state of the United States or upou proof of metters similar to those required in this section for graduates of foreign medical

schools

The Department of Education has al ready instituted a ruling that the Department will not accept the credentials of a graduate of any medical college who matriculated after January 1, 1940 unless the Department of Education or its agent had had an opportunity to inspect and approve such schools

In relation to the number of repeat examinations a necessary change in the law would have to be made in Section 1258 of the Statutory Law This insertion was approved by the

Council

If a candidate falls on the first examination, he may have a second examination without fee. This phrase is then to be inserted. 'A candidate who, through failures of three examinations, has shown insufficient knowledge for admission to the practice of medicine may be archided from further examinations by the Department until he prosonts evidence of further study in a regular school of medicine and processors. of medicine satisfactory to the Department

Your Reference Committee on Licensure recommends the approval of this part of the report, and I

The motion was seconded.

SPEAKER BAUER You have before you the recommendation of the Reference Committee for the approval of this portion of the report. Is there any discussion. discussion?

DR. W GUERNOET FRET, JR. I did not undertand what that was all about, the reference to the

California law

Dr. Eggston I will read that over again

"If the applicant is not a citizen of the United States, the country in which he has been licensed to practice medicine and surgery will admit to practice therein citizens of the United States or upon proof of prior admission to practice medicine and surgery in some state of the United States or upon proof of matters similar to those required in this section for graduotes of foreign medical schools."

In other words, if they will allow our applicante to practice there, if they have a similar education to what their applicants have to come into the states. that is the way I interpret that paragraph

SPEAKER BAUER Is that satisfactory, Dr Frey?

Dr. FREY Yes

DR. DAVIN CORCORAN, Suffolk I think the word "may" has very little significance, it would be preferable to have "must," so that it would read "must be excluded from further examination by the

Department "etc.
DR. JAMES F. ROONEY In relation to these two affairs I think the word "may is of necessity embodied in this recommendation because the Medical Society of the State of New York cannot dictate to oither the Legislature or the Board of Regents, and particularly to the Board of Regents It will have to be qualified because if we try to put in the word "shall" or "must" immediately this grandiloquent, superlegislative authority which controls education in the State of New York supposedly conformable to the law, but not always so, will react backward Therefore, it is wise to have "mey" there.

one thing further in relation to this California law, which I think you asked about, Dr Frey We have had to dedge this question of citizenship in the State of New York repeatedly for the last twenty-click years. We got it into the lew shortly after 1921 it remained in the law until 1924, and then the Legislature felt that we were not quite as universal as we should be, so they did not require citizenship Cahiornia had a similar situation confronting them in their legislature, so they very quietly killed the dog without cutting his tall off because there is not a single country outside of the United States of America that recognizes an American license or allows United States citizens to practice in that country-not a single one.

I attempted to have the low amended in a similar manner several times in 1916 and then after the last war was over in 1921 1922 1923, 1924, and 1925, providing that we would reciprocate if the standards of these various countries were equivalent to those required by our educational authorities and if they would admit under the same conditions our men to practice medicine in these countries that they requested we should do for their graduates. Not even England will license a physician of the United States unless he completes or supplements his medical education in an English school.

I admit that this is rather dovious, but it is a very good way of getting around this question of citizen ship, which I fear for some years will still be a very difficult provision to get through our Legislature as it is at present constituted.

DR. EMIL Korrier, Bronz. Dr Rooney men tioned that not even England would accept our graduates to practice, but not even our neighboring country Canada, admits an American graduate to practice medicine there I ou have to take one year in their schools, and pass three examinations.

The question was called, and the motion was

put to a vote, and was unanimously carried

Dr. Eggston The report of this same Committee continued for 1944 is equally comprehensive, and concludes with this significant paragraph, which is for information only

"The greatest number of foreign graduates examined by any one state was 510 in New York (252 less than the 762 examinees in 1943), of whom 224 passed and 286, or 56 1 per cent, failed other state tested more than 37 of these physi-Fewer than 5 were examined by eleven states The proportion of failures in 73 schools of the total of 94 was 25 per cent or more United States in fifteen years, 1930 to 1944 inclusive, 12,949 were examined, of whom 6,834 passed and 47 2 per cent failed There has been a decrease of 340 in the number examined in 1944 as compared with the previous year In 1943 there were 599 fewer examined than in the previous year. The percentage of failures, however, has not changed significantly in recent years The greatest number of failures occurred in 1941 when 59.2 per cent failed At no time in this fifteen-year period did fewer than 307 per cent

"From the year 1936 to 1940 there were large annual increases in foreign graduates examined, so then in 1940 there were over three times as many tested as in 1936 Since 1940 there have heen annual decreases The number last year was 1,397 fewer than that of 1940 hut has not yet reached the average number of foreign graduates examined annually prior to 1936 and before the increased migration of foreign physicians to the country from Europe"

Your Reference Committee on Licensure recom-

mends the approval of this report, and I so move The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Dr. Eggston Now your Committee, consisting of Drs W A Peart, Harold B Davidson, M J Dattelbaum, Ralph Sheldon, and Andrew A Eggston, as Chairman, recommends the approval of the report as a whole, and I so move

The motion was seconded, and as there was no discussion, it was put to a vote, and was

unanimously carried

Section 68

Report of Reference Committee on Reports of Secretary, Treasurer, and District Branches

DR HENRY W MILLER, Putnam Report of the Secretary—Your Reference Committee commends the action of the Council in appointing Dr W P Anderton as Secretary, and Dr W Guernsey Frey, Jr, as Assistant Secretary, following the passing of authorizing of the secretary of the Peter Irving our esteemed former Secretary, Dr Peter Irving, and the Assistant Secretary, Dr E C Podvin As memorial notices will be presented elsewhere (in fact, they have already been acted on hy this House), we refrain from expressing here in detail our sense of great loss of these efficient officers

Dr Anderton, in assuming the duties of Secretary, has presented the report of the activities of his office since his acceptance of the office note changes in the management of the Office of the Secretary The resignation of Dr Joseph S Lawrence, the Executive Officer, who resigned to accept the position of Director of Council and Medical Service and Public Relations of the American

Medical Association in Washington, took place the year Joe Lawrence was a very important cog in our machinery, and his place has been filled by the appointment of Dr Robert R Hannon as Executive Officer in Albany, for whom we anticipate a successful career in handling our ever-increasing legislative Mr Dwight Anderson, of our Public Relations Bureau, has been given the title of Executive Secretary and his work is commended by your committee. The Administrative Assistant, Miss Doris K Dougherty, and the other personnel in the Office of the Secretary have always fulfilled their duties with an efficient and courteous approach which is highly appreciated Your committee urges the publication of the Directory for 1946 We recommend a careful perusal of the report of the Secretary so that you might familiarize yourselves with the activities of that office

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

DR MILLER Report of the Treasurer—Your Reference Committee on the Report of the Treasurer is unable to find any objection, as usual, to the Report of the Treasurer Our treasury is in a very healthy condition despite the remission of our 1944 dues of members in the service to the amount of \$47,000

We find that there is still an excess of recepts over the expenditures of \$42,804 47 The suggestion of the Treasurer to place the sur-

plus of the Journal account in a reserve fund for future needs of the JOURNAL, for the reasons detailed by the Treasurer, meets with an approval

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried

MILLER Report on District Branches, Your Reference Committee desires to commend the activities of the various District Branches, where, in spite of the war situation and the general pressure of activities of all civilian physicians, successful scientific meetings were held in every district, with exceptionally good attendance. The scientific programs were well arranged and stimulating. Your grams were well arranged and stimulating committee is firmly convinced that the scientific and social purposes of conjoined meeting of the various county societies amalgamated in the District Branches are most important and serve to enhance the progress of organized medicine

Your Committee hopes that the officials of the District Branches will continue in their efforts to make their District Branch meetings the success

they deserve

We further feel that some of the problems which confront the House of Delegates might very profitably be discussed at the District Meetings

We note with pleasure that the President of the State Medical Society, Dr Herbert H Bauckus, attended every branch meeting and gave an inspiring address

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

DR MILLER Now I move the adoption of the report as a whole

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

SPEAKER BAUER Thank you, Dr. Miller!

Section 00 (See 107)

Report of Special Committee to Study the Question of Medical Practice in the State of New York

Speaker Bauer Gentlemen, I regret to say it has been called to my attention that there was one report of a Special Committee to Study the Question of Medical Practice in the State of New York which was presented to the Council, and the Council directed that certain portions of that report should go to the House of Delegates. Through an overmight that was not mimeographed nor distributed. If you wish, I will read the report in its entirety, but I can summarize it for you very briefly and then it can go to a reference committee for more detailed study

This report involved four questions

Should there be a thorough revision of the entire Medical Practice Act?

The recommendation of the subcommittee is

against such a revision at the present time
2. Should amendments to the present statutes pertaining to the practice of medicine he proposed? The recommendation of the subcommittee was

that amendments that would strengthen the Medical Practice Act as a protection to the public should be made and in that coonection certain suggestions were made

Whother the present Medical Practice Act should be changed to admit cults under standards equal to those required of medical graduates.

The subcommittee does not recommend changing the present Medical Practice Act to admit cults to licensure for practice or such recognition of cults

Whether to recommend or not to recommend a "Basic Science Law" for New York State

The subcommittee goes on record as being opposed to the principle of a basic science law for this state at

this timo This was referred to the Council and the Council recommends that Questions 1 (should there be a thorough revision of the entire Medical Practice Act) and 2 (should amendments to the present statutes pertaining to the practice of medicine be proposed) be referred to the House of Delegates as requiring further study by the Council, but with authority for the Couocil to have drafted such legislation as may seem necessary or advisable The Council further approved the recommendations pertaining to Questions 3 and 4 of the subcommittee (Three you will recall, was whether the Medical Practice Act should be changed to admit cults, and the sub-committee says no the fourth is whother we should have a basic science law and again the subcommittee says no ) If you wish this complete report read, I will do so but it is getting late. If there is no objection, I will refer it direct to the Reference Committee for consideration by them Hearing none, I will refer this report to the Reference Committee on New Business B Dr Moore Chairman

I am sorry this oversight occurred It was only called to my attention a few mloutes ago, and it was too late then to have it mimeographed

#### Section 70

#### Announcement by Speaker

We still have a tremendous amount of work to do There are seven committees to raport, and there are some twenty-odd resolutions in the hands of the Reference Committees on New Business from which we have not heard That is a tremendous amount of work to get through hy tomerrow afternoon. If we are to adjourn by 2 30 PAt we can have practically nothing left for the afternoon session except the eloction of officers and the election of retired members

The schedule of sessions which was published of the House calls for the House to most at 9 o clock tomorrow morning I know that nobody likes to get up early but on the other hand I know too that many of you want to get away by 2 80 I as Speaker cannot change that schedule once it is published without the authority of the House, but I would suggest that we convene at 8 30 tomorrow morning, so that we may get through

### Section 71

# Schedule of Sessions of the House Changed

Dr. Samuel Z Freemman, New York I move that the schedule of sessions of the House be changed so that the time for convening tomorrow morning shall be 8.30

SPEAKER BAUER Is there any objection to that? (There was no dissent expressed )

SPEAKER BAUER I hear no objection therefore. when the House recesses which it will in a short time we will convene at 8.30 temorrow morning

# Section 72 (Sec 54-50)

Further Report of Reference Committee on Amendments to Constitution and Bylaws. Amendment to Section 2 of Chapter XV of By-Laws (Transfers)

DR B WALLACE HAMILTON New York After consultation with two attorneys the Treasurer and the Assistant Treasurer, and much oratory on behalf of Queens County, your Reference Committee on Report of Constitution and Bylaws Amendments begs to report as follows in reference to the amond ments submitted

Proposed Amendment to Section 2 of Chapter XV of Bylaws

It is proposed to amend the first paragraph of Section 2, Chapter XI, of the Bylaws to read as follows

"Chapter XV Section 2 When an active member in good standing in any component county medical society removes to another county in this Stato, transfer of his name to the rester of the county society to which he removes shall be cootingent upon the acceptance of the Board of Censors or Comitia Miloora of the latter society Such transfer shall be made at the member's request and be effected without cost to him and provided that he files a certificate with the secretary signed by the president and secretary of the component society. From which he removes as to his good standing in such society. No member however shall be an active member of more than one component society nor shall may component society accept a physician residing in another county in any other way than in accordance with the law governing transfers."

Your Reference Committee disapproves the proposal to amend the first paragraph of Chapter 2 of the Bylaws presented in behalf of the Medical

Society of the County of Queens.

SPEAKER BAUER It is moved by the Chairman of the Reference Committee that this amendment be rejected?

Dr. Hamilton That is right I so move SPEAKER BAUER Is this a majority report?
DR HAMILTON A majority report, and a unani

mous report.

DR EZRA A WOLFF, Queens I should like to point out an error in Dr Hamilton's reading of the amendment I believe he read the present constitutional provision rather than the amendment that was submitted I believe he read that such transfer shall take place at a member's request, which is not in the wording of the amendment. The amendment states that transfer shall be contingent upon acceptance by the receptor society SPEAKER BAUER That is correct, Dr Wolff

DR HAMILTON Should I cross that out?

SPEAKER BAUER The bylaw amendment, as printed, reads

"When an active member in good standing in any component county medical society removes to another county in this State, transfer of his name to the roster of the county society to which he removes shall be contingent upon the acceptance of the Board of Censors or Comitia Minora of the latter society"

So it is in there

"Transfer shall be made at the member's request," then follows, so that is in there but in a different sentence than you mentioned

Is there any discussion on this?
Gentlemen, if you vote "Aye" on this, you vote to reject the amendment, if you vote "No" on this you vote to approve the amendment

The question was called for, and the motion

was put to a vote, and was carried

SPEAKER BAUER The report of the Reference Committee is adopted, and the amendment is rejected

# Proposed Amendment to Chapter XVI, Section 2 (Annual Meeting Papers)

Dr. Hamilton On reconsideration of the Proposed Amendment to Chapter XVI, Section 2, your Reference Committee on Report of Constitution and Bylaws Amendments begs to report as follows

"All papers read before the Society at its Annual Meeting by its members shall become the property of the Society Whenever such paper shall not be accepted for publication in the New York STATE JOURNAL OF MEDICINE it shall be returned to the author within a reasonable time '

We recommend its adoption, and I so move

DR JAMES F ROONEY It seems that the amendment that I proposed to the prior resolution on this subject relating to the time within which that paper should be returned after a rejection for publication is not embodied in this present proposal

SPEAKER BAUER While you were out of the room, let me say for your information, the House reconsidered its adoption of that and sent it back to the

Reference Committee for reconsideration

DR ROONEY The House showed great judgment in waiting until I got out (Laughter) We can still vote to amend the report of the committee SPEAKER BAUER That is true

DE ROONEY But I hesitate to do so because I am unfamiliar with the debate that occurred while I was unavoidably absent at the request of two or three of the Reference Committees Could you summarize that briefly for my information, without consuming too much time?

SPEAKER BAUER There was no debate. It was

brought out that the language was not clear as adopted, and that it should be reconsidered and reworded so as to avoid any possible misunderstanding as to what the amendment meant

DR ROONEY Might I ask in what way it was supposed that the language was not clear? This is the first time I have had that happen, and I am very

Interested to know in what way it was not clear SPEAKER BAUER I don't think it was your language, it was rather the language that pertained

to guest speakers, and so on
DR ROONEY "Within a reasonable time," that is at the option of the Publication Committee or whom? I really feel this way about that If a member's paper is rejected, it may be considered by them that a reasonable time is a year or it may be less than a year, it may be a month I don't feel it is just that that man should be prevented from publishing that paper elsewhere if it is rejected for publication in our JOURNAL. If he has something that he has wanted to say, and it is rejected for publication in our JOURNAL, that paper should be returned to him within two months and he should be allowed to publish it elsewhere and not wait until the end of a year, when it is just like yesterday's newspaper That was my particular reason for putting in that provision Just what is "reasonable," as specified here?

SPEAKER BAUER The Chair does not like to get into this argument, but it seems to the Chair that the amendment is still up in the air in that it speaks of rejection but it does not say who will have the authority to reject
DR ROONEY That is true

SPEAKER BAUER And that certainly should be in

the bylaw

DR. ROONEY In order to save time, I am going to move that that portion of the Committee's report relating to this amendment be rereferred to the Committee for clarification and rewording and presented tomorrow

The motion was seconded, and as there was no

discussion it was put to a vote, and was carried. SPEAKER BAUER It is recommitted

Proposed Amendment to Chapter III, Section 4 (Voting Machine)

DR. HAMILTON Your Reference Committee on Constitution and Bylaws Amendments begs to report as follows in reference to the amendments submitted

Proposed Amendment to Chapter III, Section 4 "There shall be added at the end of the present

section, the following When available, a voting machine shall be

used instead of printed ballots '" Your Reference Committee disapproves the

recommendation, and I so move
DR ROONEY I second the motion
The question was called, and the motion was

Put to a vote, and was carried

SPEAKER BAUER The Committee's recommendation is carried, and the amendment is lost

We will recess until 8 30 o'clock tomorrow morning Please be prompt, because we will have a considerable amount of work to be done tomorrow morning ,,,,The session recessed at 6 10 P M

# Morning Session

Tuesday, October 9, 1945

The session convened at 8.40 A.M. SPEAKER BAUER The House will be in order Mr Secretary, is there a quorum present? Secretary Anderton Yes, many more than a

quorum are present

Are there any other resolutions to be introduced? I invite your attention, gentlemen, to the provision of the hylaws that no resolution can be introduced in the final session namely, this afternoon, except by a two-thirds vote of the House Judging by the temper of the House wanting to get away, I think you would have trouble getting that twothirds, so if you have any resolutions you had better put them in now

Section 73 Basic Science Law

DR. JOHN J BUETTNER, Onondaga, I wish to introduce the following resolution

"Whereas, the special committees designated for the study of the general problem of control and/or elimination of cultists in this state have given much time and thought to the various ramifications of the question of a basic science law, and "WHEREAS, we are not in full accord with all of

their opinions as reported to us, and "Whereas, we feel that the benefits to be expected from such a Basic Science Law might effectively ontweigh any disadvantages which may accrue, and

"WHEREAS, we feel that the considered opinion of the individual members of the House of Delegates would be of value to the Society and to our existators in forming any final mature public opinion in this question, be it therefore

"Resolved, that this question be thrown open to general discussion from the floor of the House of

Delegates.

SPEAKER BAUER I think it is not necessary to refer that resolution to a reference committee. merely asks that it be thrown open for discussion The subject is already in the hands of a Reference Committee on New Business which will bring in a report, and it is bound to be open for discussion, so if there is no objection we will just file that resolution. It does not require any action. It is bound to take place anyway

(There was no dissent expressed with the ruling )

Section 74 (See 97)

Voluntary Medical Insurance—Establishing a National Casualty Indemnity Company

DR. CARLTON E WERTE At the instance of many of us who are interested in the development of the voluntary type of insurance, not only in this state but in the United States, and knowing the danger of the compulsory type I introduce this resolution

"Whereas, the development and promotion of voluntary medical insurance can be advanced by the organization of a casualty company for the purpose of coverage in areas of New York and other parts of the United States where no plans now exist, and

"WHEREAS, such a casualty company is neces-sary as an agency to relate the enrollment of nation wide employers to the various local nonprofit medical plans, and

WHEREAS, such a casualty company can be organized wholly within the control of the medical

profession, therefore be it "Resolved that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, instruct that the Council create a special committee of three members charged with the task of in-vestigating the leasibility of developing and putting into operation a national casualty indemnity corporation chartered under the laws of the State of New York to enter into contracts with catablishments in this state for a Surgical Care Indemnity Insurance Plan, and that this Com-mittee report its recommendations to the Council not later than January 31 1940
"It is recommended to the Council that the

Committee be instructed to provide, if the Council approves, that all such contracts entered into by the proposed corporation take into consideration and utilise all existing local medical- and surgicalcare insurance plans with supplemental coverage to be contracted for only in cases where local

plans are not available and be it further "Resolved, that the special committee of three be empowered to take all necessary action, subject however, to the approval of the Council of the Medical Society of the State of New York, and that the Council, if it approves, request that the Board of Trustees to invest such funds for the setting up of the proposed corporation as in their opinion is required or desirable."

SPEAKER BAUZE Referred to the Reference Committee on New Business C, of which Dr Montieth is Chairman

Section 75 (See 48)

Report of Reference Committee on Report of Council-Part II Liberalization of E.M LC. Policies and Requirements in Relation to Applications for Specialist Status in Obstetrics

DR. DAVID BEARD Scholaris This is a resolution on the liberalization of E.M.I.C policies and requirements in relation to applications for specialist status in obstetrics which was referred to the Reference Committee on Report of Council, Part II and considered by us after we made our report yesterday The resolution reads as follows

WHEREAS, under the provisions of the Federal Emergency Maternity and Infant Care Program Emergency Maternay and missit care Program (New York State Approved Plan) differential fees are allowed for complete maternity-care services performed by physicians under the super vision of the E.M.I.C. Bureau of the New York State Department of Health, a dipiomate of the American Board of Obstetries and Genecology rendering such services being entitled to a fee of \$75, whereas a general practitioner who has not been certified by his American Board and has not qualified as a specialist in obstetries with E.M LC is allowed a fee of \$50 for his services, and

"Whereas, physicians who are not members of the American Board of Obstetrics and Gynecology, but who seek certification from EMIC specialists in obstetries, must present evidence that their training and experience in obstetries meet the requirements of training and experience for admission to the examination of such Specialty Board, or that they have had 'cquivalent training and experience' in their specialty, which, in the opinion of the State Commissioner of Health, with the help of an advisory board, would qualify them as specialists in obstetrics, and

"WHEREAS, the procedure for enrollment or application of a physician for special service and status in obstetrics under the EMIC program The enrollment or application form, is as follows as completed by the physician-applicant, is returned to the county medical society for submission to the chairman of the Special Committee on Qualifications for Specialists of the Society, which Committee, if it decides to recommend that the applicant have the status of a specialist in obstetrics, forwards such application to the District Health Officer for transmission to the State Commissioner of Health for final decision,

"Whereas, the physician who has been certified as a specialist in obstetrics by his American Board mercly is required to state the name of his Board and the date of his certification, while the appli-cant-physician who is not a diplomate of his Board is required to meet minimum requirements based on those listed in the Directory of Medical Specialists, consisting of some seven or

eight detailed questions, and
"Whereas, the EMIC Bureau of the State
Department of Health sets forth on the enrollment or application form Number 10 that the general policy with respect to nondiplomate applicants for certification as specialists in ob-

stetrics shall be as follows

It is understood that in each instance, individual consideration will be given to equivalent experience and training instead of stated requirements, for consideration of an applicant for specialist status under the E M I C Program',

"WHEREAS, this pronouncement of policy which evidences an apparent desire to adjudge applieants for specialist certification and status on the basis of their professional standing, actual qualifications, recognized skill, experience, and general fitness, rather than on the basis of hard and fast standardized requirements, is sharply at variance, in our judgment, with the text of the questionnaire on said application form, there existing a

marked conflict, and

"WHEREAS, due to the stringency of such requirements, as embodied in the aforementioned questions, certain physicians with many years of practice and experience in obstetrics and possessed of recognized ability in this branch of medicine, but who are not diplomates of their Board, have encountered great difficulty, or have failed, in their efforts to obtain approval of their applications giving them official status as specialists in obstetrics under EMIC and entitling them to the 50 per cent mercase in fees for their services, even though many of these practitioners specialized in obstetrics long before the inception of specialty boards, and
"Whereas, the failure of the questionnaire on

said application blank to conform with and abide

by the letter and spirit of the pronouncement of policy heretofore recited in full has created confusion, misunderstanding, and resentment, making it difficult for county societies and their special committees on qualifications for specialists to earry out the provisions of the EMIC program with respect to specialists' status, it being the contention of numerous county societies and practitioners that the already quoted statement of policy has not been adhered to or construed in such a manner as to benefit the physician without Board certification who actually has the necessary

qualifications, now therefore be it "Resolved, that the Medical Society of the State of New York, represented in this duly convened meeting of its House of Delegates, registers its professional interest in these individual physicians whose applications for specialist status in obstetrics under the EMIC program have met with rejection, and hereby requests the EMIC Bureaus of the State Department of Health and the Children's Bureau of the US Department of Labor, over-all administrative agency which approved the New York State Plan, to interpret officially the present requirements and policies in New York State with respect to certification of specialists in obstetrics under EMIC and to revise the same, if necessary, to insure a broader, more liberal, fairer set of provisions under which discrimination cannot occur and the objects and aims of the program can be accomplished with facility and satisfaction"

Your Committee recommends that this resolution be referred to the Council for discussion with the State Department of Health for such action toward liberalization of policy as can be obtained from the Children's Bureau of the Department of Labor I move the adoption of the report

The motion was seconded, and as there was no discussion, it was put to a vote, and was carried

Section 76 (Sec 5)

Report of Reference Committee on Report of Planning Committee Address of President Cunniffe re Compulsory Health Insurance

DR PETER J DI NATALE, Genesce To this Committee was referred that portion of the talk by Dr Cunnific referable to compulsory health insurance

Is it your wish that I read all this? SPEAKER BAUER No, I don't think that is

necessary DR DI NATALE Most of us heard the talk yesterday

SPEAKER BAUER Yes, and if somebody wants it

read, he can request it

Dr. Dr NATALE Your Reference Committee approves that portion of Dr Cumuffe's talk that dealt with compulsory health insurance

I move the adoption of the Committee's report SPEAKER BAUER You recall that Dr Cunnific talked yesterday on compulsory health insurance He was "agin" it

DR DI NATALE We are all "agin" it

SPEAKER BAUER And so is the Committee Unless you want that part of his talk read again, why, we will proceed to the discussion of the motion The motion was seconded, and as there was

no discussion, the motion was put to a vote, and was

unanimously carried

L

Section 77 (See 33)

Reference Committee on Report of Planning Committas Separation of Professional Service Fee From Hospital Insurance

Dr. Di Natale This resolution was presented from the Section on Pathology

WHEREAS, 'The Practice of Medicine as defined in the Lducation Law clearly includes the practice of pathology radiology anesthesiology

and physical therapy ond

"Williams, amendment of the Laker Law by recommendation of the Stichman Moreland Com mission gave further legislative action infirming such characterization of these branches of medicine and

WHEREAS Article IN-C of the Insurance Law specifically provides that no corporation shall furnish both hospital service and medical expenso

indemnity insurance, and "Whernas the Medical Society of the State of Naw York, by action of its House of Dolegates has defined the distinction between hospital

service and the practice of medicino and "Whereas, the physician members of the governing boards of United Medical Service, Inc. and the affiliated Associated Hospital Service of New York are publicly indicated as representatives of organized medical societies and

"WHEREAS on agreement at a conference between representatives of organized medicine and the Executive Committee of United Medical Service Inc., Board was later affirmed in a resolu-tion adopted by the United Medical Service Inc. Board that at the expiration of six months Associated Hospital Service of New York would provide a companion liespital-service contract to be usued in combination with the new I nited Medical Service Inc. General Medical Expense Indemnity contract and

WHEREAS this agreement reached between representatives of medicine of the United Medical Service, Inc., Board has not been officially necepted or otherwise recognized by the Board of Directors of the Associated Hospital Service of New York

now, therefore be it

Resolved, that the Medical Society of the State of Now York by netion of the House of Delegates notify both United Medical Service Inc. and Associated Hospital Service of New York that the physicians serving on their Board shall fulfill their duties as directed and agreed upon with representatives of Organized Medicine and be it further

Resolved, that no member of this Society shall continuo to serve on a Board of Directors which fails to recognize and ahido by the explicit terms of the laws relating to the practice of medicino the administration of nonprofit hospital-service and medical-expense insurance, and the official definition of the Medical Society of the State of Vew York relating to the distinction between hospital service and the practice of medicine and be it further

Resolved, that n copy of this resolution be published for the information of the members of this Medical Society and that n copy of thin resolution be mailed to each physician who is now a director of United Medical Service Inc., and of the Associated Hospital Service of New York, to Mr Louis II Pink President of Associated Hospital Service of New York, and to the Secre-tury of the Medical Secrety of the State of New York, and to each of the seventeen county medical societies within the territory of United Medical Service, Inc., to the President of the New York State Hospital Association, Mr John F McCor-mack and to Mr Robert F Dincen, Superintendent of Insurance"

Your Committee approves this resolution I move the adoption of the Committee a report

The motion was seconded
DR THOMAS M DANGELO Queens I would like to know if that resolution sets a time limit for tha doctors who are serving on the Boards of Directors of these various organizations?

Dr. Liner Dwiony It does six months,

Dr. D Anorlo I heard six months mentioned hut I am wondering whether or not that is a tima limit or do they contemplate doing something about It in six months?

DR DI NATALE There is a mention of six

months in one of the whereas clauses

Dr. D Angelo I can explain that a little bit because it is within six months that the Associated Hospital Service will change its contract and oxclude laboratory service anesthesiology etc, from its contract and piace them in the medical-service contract of the United Medical Service that is where the mx months reference applies don't think this resolution carries any definite time limit as to when these doctors on these boards of directors shall take definite action or retire so I think the resolution is general and can be very well supported.

Dr. Harry Aranow I feel the same way about it I don't like that threat to those men I believe the I bellove the men on those boards of directors are just as loyal to the interests of the State Society as any other men, members of the State Society. It was their effort that made this change possible, so the Associated Hospital Service is willing to do it. I don't think we ought to be threatened by being told to get off these boards unless they conform I think you can

leave that provision out

SPEAKER BAUER Do you propose any amend ment?

Dr. Aranow I propose to leave out that threat. SPEAKER BAUER That is rather a general amend ment I am afraid I cannot take that as such,

DR. JACON WERNE Queens I don't think that is a threat This House of Delegates has gono on record for many years as inverting the principle of this resolution but has done nothing at all to enforce notion in conformity with the spirit. The only way to force these hospital associations to the realization that we mean what we say is by telling them that unless they conform we will call off our representa-tives. There are certain issues upon which we cannot compromise, and this is certainly one of them

Speaker Bauer Is there any further discussion?
DR. Frederick W. Williams, Bronz. How can we force these men to resign? You say that unless they conform we should call off our representatives. Just how could you force them to rengu? Suppose happened to be on a board and you said to me, "If the majority don't vote this way, you are going to have to resign"? What could you do to make me resign from the Board of the Associated Rospital Service, for example?
Dr. Samuel 7 Ferenman New York Ask you

to do it in a nice way that is all.

Dr. Williams I ask that question because when all is said and done that is a threat and before you make a threat you should be able to carry out the consequences

Dr. Werne I don't plan to use physical violence with Dr Williams (laughter), but there is such a thing as moral suasion Of course, we can be a little bit more polished in our phraseology if you wish than "Calling all dogs," but we are saying simply this "You gentlemen who represent us on this Associated Hospital Service Board represent organized medicine If there are some issues upon which we feel that our interests are compromised, you simply must inform your Board that unless they conform you will have to withdraw as representatives of organized medicine," but you may certainly still stay on as individuals

The question was called, and the motion was

put to a vote, and was carried

(Sec 23) Section 78

Report of Reference Committee on Report of Planning Committee Appointment of Special Sub-Committee to Study Availability of Medical Care in New York State

DR DI NATALE Regarding the resolution presented by Dr Reginald A Higgons, of Westchester County, on the appointment of a special subcommittee to study availability of medical care in New York State, which resolution reads

"WHEREAS, the Medical Society of the State of New York is vitally interested in the problem of the quality and availability of medical care for all

people of this state, and
"WHEREAS, we believe that leadership in this
matter must stem from the Medical Society of the

State of New York, and

"WHEREAS, this body should go on record as being willing to cooperate wholeheartedly with any plan which actually improves the quality and availability of medical care for all the people, and "Whereas, the Planning Committee for Medi-

cal Policies has rendered such a complete and satisfactory report on the hospital and laboratory facilities in the state of New York and have themselves recommended that their committee or another committee be continued for the purpose

of the study of the whole problem of medical care in the State of New York, therefore be it "Resolved, that the Planning Committee for Medical Policies be continued and that the Medical Society of the State of New York shall set up a special subcommittee of the Planning Committee for the express purpose of studying exist

ing facilities for the medical care of the people of this state, collecting all factual data in this field, with a view to evaluating any deficiencies in the present system, and formulating concrete plans which might eliminate any inadequacies, and be

it further "Resolved, that the Executive Secretary of this subcommittee shall be the Director of the Bureau of Medical-Care Insurance of the Medical Society of the State of New York, and be it

"Resolved, that the Council and Trustees of the Medical Society of the State of New York are memorialized to appropriate from the Society's treasury such monies as are necessary to adequately implement the purposes of this resolution

After much discussion, and hearing a lot of the members of our Society speak to us on this, your Committee feels that this resolution should be disapproved

I move the adoption of the recommendation of the

Reference Committee that this resolution be disapproved

The motion was seconded

Speaker Bauer You have the recommendation of the Reference Committee, which carries with it disapproval of the resolution. Is there any discussion on it?

EMIL KOFFLER, Bronz What are the  $D_R$ 

reasons for the disapproval?

Dr. Dr NATALE The reasons for this, sir, are A subcommittee under Dr F Leslie Sullivan has made a survey on laboratory service and medical care throughout the state We were in conference yesterday, so I do not know what action was taken on that, Dr Sullivan's subcommittee's report

SPEAKER BAUER That has not come up yet DR. SAMUEL Z FREEDMAN, New York The recommendation has been made, I believe, to continue that subcommittee's work

DR DI NATALE Our purpose was this In Dr

Sullivan's report he states

"It was the understanding of the Committee, as moved by Dr Louis H Bauer, that this was a pre-liminary study and later, if the need arose, a special committee or field worker might be hired to intensify the survey The primary purpose is to study the need for increased facilities for diagnostic aid in rural areas, and if such aid is found to be necessary, to determine where these dingnostic aid centers should be located "

Our Committee feels that Dr Sullivan's subcommittee has done an admirable piece of work (Incidentally, I happen to be on that subcommittee) (Laughter) We feel, too, that to turn this work over to a man like Mr Farrell, who, the Lord only knows, has a big enough job as it is as full-time director of Medical Care Insurance Bureau, would be futile because he has all he can do If he does that work right, that should be all that is expected of him for the present That is why your committee felt that this resolution was not in order at this time

The question was called, and the motion was put to a vote, and was carried

SPEAKER BAUER The report of the Committee has been carried, and the resolution is lost

DR DI NATALE That is all I have to report on now, but I expect to have the Report of the Reference Committee on the Planning Committee ready shortly, and it will take me some little time to present that, as I expect there will be quite some discussion on it

Section 79 (See 16)

Report of Reference Committee on Report of Comcil—Part XII Publications and Publicity

DR NELSON W STROHM, Erre Your Committee has earefully considered the Report of the Council, Part XII, on Publications and Publicity, as published in the Annual Reports, pages 39, 40, and 41, as well as the supplementary reports

As a result of this study, your Committee was impressed with the accomplishment of the Editorial Committee of the Journal and the Publications Committee of the Journal during this very trying period. The following difficulties have been encountered in the past year

The transition period to replace the Manag-

ing Editor, this being a most difficult task

The shortage of paper

The shortage of scientific material, principally because of the postponement of the Annual Meeting of the Medical Society of the State of New York

The latter condition has resulted, at times in repetitious and textbook-like articles appearing in the Journal, which is to be regretted, but was un

avoidable under existing circumstances.

Your Committee is very happy to report that at the present time editorial material, review of articles and acknowledgment of the same have been much improved Your Committee feels that in particular Dr Kosmal, who was drafted as Manag ing Editor, has done an excellent piece of work the present time, the nuthor of articles submitted receives an acknowledgment within ten days or two weeks.

Your Committee wishes to call attention to the reports of the Therapeutio Conferences at Corneli and the Diagnostie Conferences at Bellevuo as a new feature of the Jounnal, which are now being published, and recommend that other similar conferences be included in the Journal when available

All advertising maternal has been and is, very carefully scrutinized as to text, truthfuiness and medical ethics. A statement is required from the advertiser as to the exact contents of the product Advertisers who fail to meet the standards of the Committee during the term of their present con

tract are refused renowals.

One of the most interesting parts of the report is the financial statement which shows a surplus of a considerable amount of money It is to be re-membered that this is undoubtedly an accumulation, due to the fact that no Directory has been published for the past three years. This improved financial condition of the JOURNAL, we feel, is directly due to the fact that the JOURNAL is completely controlled by the Medical Society of the State of New York, through its appropriate committee, rather than through an outside agency Therefore, neurplus has accused instead of the former deficits. We feel that the present arrangement should be continued.
We recommend that the House of Delegates con

tinue this Special Committee on Publications of the Society working under the supervision of and re-porting to the Council. We recommend that the House of Delegates be given the following directive as to the continuance of the Committee a personnel, in keeping with the action of the House of Delegates

of 1914

"The Committee on Publications shall consist of the Socretary the Treasurer, the Director of Public Relations, the Managing Director, the Laterary Editor, and one Trustee, who shall be Chairman. The Trustee to serve shall be selected by the Chairman of the Board of Trustees. The Managing Editor of the JOURNAL and the Literary Editor shall be selected by the Committee on Publications, the former Managing Editor and the Literary Editor not voting"

This is deemed to be the most satisfactory way to choose the incumbent of these respective positions because of the familiarity of the member of the Com mittee involved with the qualifications necessary for

the satisfactory performance of his duties.

I move the adoption of this portion of the Com-

mittee s report.

The motion was seconded, and as there was no discussion, it was put to a vote and was unanimously carried.

DR. STROMM Concerning the Directory Your Reference Committee is happy to report that the Publications Committee expects that a Directory will be ready for distribution within the year probably the Fall of 1946. The work entailed in compiling the Directory is enormous, and takes considerable time, honce the distant date of publica-tion. Your Reference Committee well appreciates that this edition of the Directory may be somewhat limited in usefulness, due to the many changes of address necessitated by military service This Committee however, is informed that a new edition will be published as soon as the members of the Society are released from military service.

Committee on Publicity -Your Reference Committee notes that since the last session of the House of Delegates a new feature of publicity—The News Letter—has been initiated This contains spot news of the Society activities as a more instantaneous method of information. This is released at ous method of information irregular intervals as the occasion demands. We recommend that this service be continued.

I move the adoption of this portion of the report

The motion was seconded.

SPEAKER BAUER It has been regularly moved and seconded that this portion of the report, which relates to the Public Relations Bureau and the publication of the News Letter being continued be

adopted. Is there ony discussion?
DR. JOSEPH A. GEIS Essex Does that go to every member of the Society or just the delegates and

SPEAKER BAUER The Chair understands that it does not go to every member of the Society but to the House of Delegates the officers, and committees. Is that correct?

SECRETARY ANDERTON There are certain others. I think. SPRAKER BAUER But it does not go to every member of the Society?

SECRETARY ANDERTON No. DR. ARTHUR J BEDELL How much does that

SPEAKER BAUER Mr Anderson will have to answer that question

(Secretary Anderton left the platform brought Mr Anderson into the meeting room.)

SPEAKER BAUER Mr Anderson, the question has been asked from the floor as to what it costs to send out The News Letter, which goes out at irregular intervals. Can you give us an estimate of that?

MR. DWIGHT ANDERSON We send out five hundred of them, and there is a three-cent stamp on each one. The cost of the stationery is negligible, and the mimeographing is done in our own office, and the machinery used is set up there by our own people. If you said \$25 you would cover the total cost, including time postage, stationery, and overything.

SPEAKER BAUER Does that answer your question, Dr Bedell?

Dr. BEDELL Yes, thank you.

The question was called and the motion was

put to a vote and was carned

DR. STROEM We have noted the publicity on the new version of the Wagner Murray Dingell Social Security Bill which contains a compulsory health-insurance provision, including dental and nursing care. These facts in the form of copies of the bill, were sent to the officers of the Society and a sum mary of the bill was sent to the Society at large in July

Antivisection - The Publicity Committee, in conjunction with the Legislative Committee and the various county societies, did a very thorough and speedy job of informing the profession concerning this suddenly introduced logislation There is further work to be done by the Publicity Committee

We recommend a continuance of on this subject this particular publicity

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried
DR STROHM Medical Licensure —This law proposed to license physicians from schools not accredited by the Board of Regents of the State of New Action was taken by the Publicity Committee to assist the Legislative Committee, and this vicious legislation was stopped
The Publicity Committee contacted the Woman's

Auxiliary, and solicited their help in conjunction

with all publicity

Your Reference Committee wishes to acknowledge the service rendered by the Publicity Committee, and recommends that they continue and increase their services if, and when, it is possible

I move the adoption of this portion of the report The motion was seconded, and as there was no discussion, it was put to a vote, and was

unanimously carried

DR STROHM Now, Mr Speakor, I move the adoption of the report, which is signed by Drs William Klein, G Howard Leader, Ben A. Borkow, G S Philbrick, and myself as Chairman, in its

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

SPEAKER BAUER Thank you, Dr Strohm!

Section 80 (Sec 11)

Report of Reference Committee on Report of Council-Part V Laboratory Service and Medical Care

DR G Scott Towne, Saratoga We commend the very comprehensive and monumental survey of the various counties of the State of New York by the Subcommittee on Laboratory Service and Medical Care It is noted with pleasure that a large number of the counties of the State of New York are now adequately equipped with laboratory services, which are now functioning with satisfaction and credit in their respective counties

We approve the establishment of additional laboratory service in the counties or sections of the state which now lack adequate facilities. The Committee realizes that this survey is only a preliminary step in providing adequate laboratory service and medical care, and would urge that any future efforts directed toward this end be guided by the basic principle that such be under the auspices of the Medical Society of the State of New York.

The Committee sincerely appreciates the cooperation in the past that has been given to the study of this problem by the New York State Department of Health, and hopes that any further studies in this direction will be under the joint auspices of both groups. It further recommends to the House, however, that any final action in this direction must be instituted primarily by the regularly designated standing committees of the Medical Society of the State of New York

As a further recommendation, this Committee requests that the Medical Society of the State of New York, through its proper committee, do everything in its power to defeat the Antiviviscetion Bill if and when it comes before the New York State Legislature We feel that animal experimentation is the very foundation of laboratory service. We endorse the statement made by Dr. Cunniffe that a termination of this laboratory effort would set back the progress of medicine fifty years

I move the adoption of this report of your Reference Committee on Report of the Council, Part V

The motion was seconded SPEAKER BAUER This report covers the rather extensive work of Dr Sullivan's Subcommittee on Laboratory Service and Medical Care throughout the state and recommends that we approve of the setting up of laboratory facilities where they are not available, and that they be under the jurisdiction of the Medical Society of the State of New York, and that the ecoperation of the State Society with the State Department of Health be continued It also recommends efforts to defeat any further attempts to put through an antivivisection bill in the Legislature Is there any discussion on the motion to

adopt the report of the Reference Committee?

DR ARTHUR J BEDELL I note, as you summarized it, the report says that we would re-establish or establish laboratories in counties where they

are nonevistent?

DR TOWNE Yes
DR BEDELL Should there not be some proviso there, if that be deemed wise, rather than make a definite pointed statement that they should be?

DR Towne It was broadened a little bit by the

statement

"We approve the establishment of additional laboratory service in the counties or sections of the state which now lack adequate facilities"

That might involve three or four counties Dr. Bedell Elactly, sir, that is my point I

did not so hear it in the report though
DR TOWNE That is in the report
DR BEDELL I ask that that part be reread
SPEAKER BAUER Will you reread that section, Dr Towne?

DR. TOWNE "We approve the establishment of additional laboratory service in the counties or sections of the state which now lack adequate facilities"

I did not designate three or four counties in one, but "sections of the state" might cover that noticed in studying the report of Dr Sullivan that there were counties where they probably could not afford to sustain a laboratory, but they were so situated, generally in small counties, in the southern tier for instance, where one laboratory could adequately take care of all three or four counties if it is It does not designate counties properly placed exactly, nor which counties, but speaks of sections Does that cover it?
DR BEDELL The way it was read certainly

DR BENJAMIN M BERNSTEIN, Kings As & member of this committee I should certainly like to add my voice in commendation to the job done by Dr Sullivan and his subcommittee, but it leaves us way in the air A survey is excellent, and the study is beautiful, but how in heaven's name are you going to establish these centers? Who is going to pay for it? Are we going to let the government, either state or Federal, come into the picture, and say, in effect, to them, "We need a laboratory in Chemango County You establish it, and we will patronize it?"

I always feel that the specter that we are trying to down, control of the medical profession by the Federal government or state government, always 18 creeping up, and unless we are on our guard it is going to get us in the end You know these specters don't sometimes disappear by themselves, and in that connection, if I may, I should like to introduce a Biblical story for a moment. The story is told of a man who was on his dying bed, with his three sons around him watching him pass out of the picture The sons were discussing the funeral arrangements. One of them said, "We need four or five carriages to carry all of our relations to the funeral

"Oh, no, we only need three We have n small samily," said the second one "One will do," said the third Whereupon the dying man got up and said, "Don't argue, boys. Give me a pair of pants and

I will walk over to the cemetery my self

This specter of government medicine is not going over to the hurying grounds and hury itself unless wo belp it along If we let it raise its head, and do not fight it on every conceivable occasion, finally it will

become a living thing and overwhelm us

I raised this question in the Committee proceed Fine, we need diagnostic facilities in Chenango Chemung Delaware, and what have you, hut who is going to pay for them?" That is the im-portant thing I think that is what Dr Bodell had in mind, who is going to pay for the establishment of these centers?

I should urge that great caution be taken in the establishment of these centers. They are needed, of course, but let us find out who is going to pay for them, who is going to control them, who is going to man them, and what share we will have in carrying

them on

Breaker Bauer Is there any further discussion? Dr. Morris Maslon, Warren The Public Health Law of the State of New York authorizes the Board of Supervisors of any county to es-tablish a public-health laboratory which is run independent of the state laboratory hut is under their direct supervision to a cortain extent. The Public Health Law so permits any county or board of supervisors of any county too poor or too small to establish an independent laboratory to contract

with an adjacent laboratory to carry on their work.

The previous speaker asks "Who is going to pay for it?" The taxpayers of the county pny for it for it?" The taxpayers of the county pay for it. They are subsidized up to \$7 500 hy the State Department of Health or the State of New York, which helps pay part of their expenses. These laboratories are not run or cannot be run under the jurisdiction of the State Medical Society They are run hy a board of governors appointed by the boards of supervisors of the various counties in which the laboratory is organized Again I say they are partly supervised by rules and regulations promul gated by the State Department of Health through its Division of Laboratories and Research

It is n very simple matter, insofer as the labora tones of the state are concerned, but when you are speaking of diagnostic centers that is another matter That is where your troubles begin hut there is no trouble insofar as county laboratories are con-carned. The only thing is to urge the State Department of Health to use its efforts to try to get county laboratories established in the few countles that have not as yet established a laboratory I say that because I have been intimately associated with county laboratories for thirty-five years and can tell you exactly how they are run and who pays for them and I am sure that no one has questioned the efficiency of those laboratories

DR. JACON WERNE, Queens There was a very sorious misunderstanding, I think, of the purpose of this resolution that Dr. Towne and his committee favor It would be a very sad commentary on our understanding of the specialty of pathology or reentgenology for this House of Delegates to con

vey the impression to an observer that the field of diagnostic aid or of laboratory services should be given to the state as a public-health function. It would be just as logical to go into a community where there was inadequate obstetrie care or pediatric care and urgo the public health organiza tion of the state or Federal government to send obstetricans and pediatricians into that com-munity Diagnostic aid means pathology and roontgenology and I think the State Medical roontgenology and I think the Stato Medica Society should take whatever steps it can to en courage the staffing of these centers by practicing nnthologists and roentgenologists, and try, wherever possible, to assure them by one means or another of an adequate income to warrant their continuing in a special community If you add these facilities to the state you might just as well hand over surgery internal medicine and obstetrics, because surely the others will follow

DR. THEODORE J CURPTEY Nassau I would like to say a word in connection with this laboratory matter being on the committee. Dr Masion points out the value that the state laboratories serve in the community, but there is one other angle to it that I think the county medical societies should give eye to namely the tendency in certain of the counties in this state to give laboratory service free to the community as a whole on problems that do not concern the public health. I refer specifically to the case of Montgomery County, which I am sure many of you know, is at issue now with the National

Society of Pathologists

We recognize that these state-department-subsidised laboratories are very necessary doing an excellent job in respect to public health, hut many of us deery the tendency that these laboratories have of taking over laboratory medicine as a whole in the counties I think if the county medical societies would give an eye to the forma-tion and the functioning of these state-subsidized laboratories and keep them strictly in the field of public health, so as to leave puthology as it should be as a specially, in comparison with the other specialties of medicine, it would help Dn. Mascon Apparently the question of

public-health inboratories is again on the fire I wish to state that the so-called public-health laboratories not only do public-health work insofar as diagnostic examinations are concerned, but we do all sorts of others including pathology, for all the practicing physicians in the locality whether they are in this county or any other county more, these laboratories must be under the direct supervision of a trained pathologist who is trained to mader all sorts of reports. These laboratories have been demanded by the practicing physicians in have been demanded by the practions physicians from their counties, and every one of these practicing physicians are members of the State Medical Society. I have always stood heart and soul behind the practicing physician in my community and any other community. We render service to the physician primarily and to his patients. The physician primarily and to his patients. question as to whether we charge fees or not is another matter That has nothing to do whatever with the Director of the Laboratory Those fees are made and controlled hy the boards of supervisors. These fees are not part of our salary. They are returned to the Board of Supervisors, and help pay some of the running expenses of the laboratory If we are fortunate enough to receive a heavy endowment by some private individual so that we can render laboratory service to the various physicians free of charge, that is so much to the benefit of the practicing physician, but these diagnostle labora

tories render all sorts of diagnostic work to the Reports are sent to the physician only, and I cannot see where there could be any criticism of any kind directed toward such laboratories However, again I state that your question of diagnostic centers will be an entirely different matter. That is where your troubles will be, but there will be no trouble insofar as rendering laboratory service is concerned

Dr. Werne The fact that the service is rendered to physicians is no argument for the continuance of a principle that is hasically incorrect if we accept the private practice of medicine as heing an ideal You private practice of medicine as heing an ideal may render service to physicians in a certain community by giving them all free obstetric or surgical consultation They would like it fine, prohably, but the surgeons and obstetricians would not we pathologists object to being made Exhibit Number 1 in the experiment for the functioning of state medicine under the present system

The question was called for, and the motion

was put to a vote, and was carried

Section 81

Report of Reference Committee on Report of Council-Part IX. Legislation

FREDERICK W HOLCOMB, Ulster Committee feels that our State Society is fortunate in being able to secure the services of Dr Robert Hannon to carry on the duties of Executive Officer following the resignation of Dr Joseph Lawrence His experience in various fields of medical practice should qualify him to fill this important position in a manner that would create respect and confidence in any legislator or legislative group with whom he might come in contact As everyone in our Society realizes, this office requires a capable and versatile executive, and we feel that Dr Hannon is an excellent choice

Due to the reapportionment of senatorial and assembly districts, new duties have been added to the Executive Office. Dr Hannon, with the capable assistance of Miss Briggs, has assumed added hurdens in a very commendable manner

I move the adoption of this section of the report The motion was seconded, and as there was

no discussion, it was put to a vote, and was un-

ammously carried

Dr. Holcomb Re the Temporary Commission Your Committee notes the continuation by the. Governor of this Commission, with the addition of two more licensed physicians. We feel that this survey is a valuable one both from the standpoints of the public health and of the medical profession, because it deals largely with care of the needy sick Your Committee heartily endorses the work of this Commission

I move the adoption of this section of the report

The motion was seconded

Dr. Samuel Z Freedman, New York Concerning that last part of the report, I wonder if it would he possible to request that no action be taken on that, hecause New York County has introduced a resolution which certainly does not find that Commission is doing a grand piece of work, and I understand from the Reference Committee that that resolution will be reported out favorably I request that that he deleted from the report, in view of the fact that there is a definite resolution concerning this commission which will come up for action

Speaker Bauer What is your specific motion?

DR FREEDMAN. My motion is that that part of the report he disapproved

DR. THOMAS M D'ANGELO, Queens I move that

that part be tabled

The motion was seconded, and it was put to a

vote, and was unanimously carried

SPEAKER BAUER That portion of the report is
tabled Continue, Dr Holcomh, with the rest of

DR. HOLCOMB In regard to the Chiropractic bills. the Public Relations Bureau has done constructive and diligent work in comhatting this legislation in the New York State Assembly and Senate Your Committee feels that the apparent apathy and in difference of the medical profession, as individuals, is in a great measure responsible for this ever-present problem Apparently, some solution must be evolved in enforcing the Medical Practice Act. Your Committee feels that constant and continued medicolegal aggressiveness must be followed out in the interpretation and enforcement of this Act

Your Committee recommends that this House of Delegates approve the efforts of the Legislative Com mittee and the Public Relations Bureau in preventing the passage of a law licensing chiropractors and approves the continuation of such efforts. We also suggest that these efforts he continued and increased in finding better methods to enforce the existing

Medical Practice Act

I recommend the adoption of this section of the report

The motion was seconded

DR. FREDERICK W WILLIAMS, Bronz I would like to suggest that the word "preventing" be changed there Would you read that part again, please?

DR. HOLCOMB "Your Committee recommends that this House of Delegates approve the efforts of the Legislative Committee and the Public Relations Bureau in preventing the passage," etc. Dr. Williams I would suggest the word "opposing" he substituted for "preventing"

DR HOLCOMB That would be hetter

SPEAKER BAUER Is there any objection to changing that one word from "preventing" to "opposing," gentlemen? If not, we will not take formal action on it, as the Committee Chairman has accepted it.

DR. HOLCOMB Right
The question was called, and the motion was

put to a vote, and was carried DR HOLCOMB. In regard to Assembly Bills concerning "Acts to provide for the licensing of persons to practice medicine from unapproved medical schools," your Committee feels that in the exercise of his veto power, Governor Dewey has shown good judgment in maintaining the present high medical standards required of applicants to practice medicine in the State of New York Your Committee recommends that the House of Delegates go on record in approving this action

I move the adoption of this section of the report. The motion was seconded, and as there was no discussion, it was put to a vote, and was unani-

mously carried

DR HOLCOMB Your Committee 18 of the opinion that the change in procedure in handling cases before the Grievance Committee simplifies the solution of these problems and relieves the Board of Regents from much detailed work (We refer there to using the three-member group rather than the whole Board of Regents) We approve these measures

In regard to the bills amending the Compensation Law pertaining to services in x-ray, pathology, physiotherapy etc., we note that the Governor vetoed those bills after passage by the Senate and

Assembly

Apparently further amendments or changes in legislation will be reintroduced or incorporated into those bulls 1 our Committee has no suggestions in this matter of this time

I move the adoption of this section of the report. The motion was seconded and as there was no discussion, it was put to a voto, and was unani

mounty carried

Dr. Holcomb I move the adoption of the report as a whole except that portion that has been tabled This report is signed by Drs. Robert B Archibald, Sylvester C Clemans, Nathan Ratnoff Thomas B Wood, and Frederick W Holcomb Chairman.

The motion was seconded and as there was no discussion It was put to a voto and was

unanimously carried

Section 83 (See 54-66-72)

Report of Reference Committee on Report of Constitution and Bylaws Proposed Amendment to Chapter XVI, Section 2 (Annual Meeting Papers)

Dr. B Wallace Hamilton, New 1 ork This is the third edition of the report of the Reference Com mittee on Constitution and Bylaws Your Roference Committee on Constitution and Bylaw Amend ments begs to report as follows in reference to the amendment submitted to Chapter VI Section 2

"All papers read before the Society at its Annual Meeting by its members shall become the property of the Society Whenever such paper shall be deemed not occeptable for publication in the NEW YORK STATE JOURNAL OF MEDICINE IL sholl be returned to the outhor within four weeks after its receipt in the Publication Office of the State Society

We recommend its adoption, and I so move

The motion was seconded and as there was an discussion, it was put to a vote, and was manimously carried

SPEAKER BAUER Thank you, Dr Hamiltoni

Section 83 (See 27)

Report of Reference Committee on New Business A Workman's Compensation Law

DR. ALFREO HELLMAN The first two resolutions upon which we have to report deal with the Workman a Compensation Law The first was presented by Dr Moses Krakow of the Bronx, reading

WHEREAS Chapter 258 of the Workmon's Compensation Laws of 1935 empowered all the county medical societies throughout the State to administer the medical provisions of the com

ponsation law, and "Whennas, the administration of this iaw was carried out with complete success by the county medical societies insolar as their jurisdiction per

mitted, and

"WHEREAS, this law was amended in June, 1944 for the alleged purpose of correcting so-called abuses existing in the administration of the

county medical societies and
"Whereas, this amended law of 1944 wholly
deprived medical societies in counties of a population of over 1,000 000 from participation in the administration of the law and

Wireness this amended law of 1914 placed in the hands of a Medical Practice Committee of three the whole administration of the law for counties having a population of 1,000,000 or more, and

"Whennas, this Medical Practice Committee cannot possibly conduct the volume of work

assigned to it as shown by

(a) The specific request of the Labor Department that the county societies, deprived by law assist the Medical Practice Committee in its administration

(b) Complaints by physicians of undue dolays in arbitrations and unfair awards in

arbitrations,

(c) Complaints of delays in the qualifying

of physicians,
(d) Failure of physicians to obtain competent information from any source at the Labor Department on matters pertaining to the law, therefore be it

"Resolved that the Medical Society of the State of New York be requested to press for legislation as soon as feasible to reinstate to the medical socioties in counties of a populotion of over 1,000 000 the powers formerly existing under Chapter 258 Laws of 1935

I our Committee, after consultation with Dr Leo Simpson, of Monroe, Chairman of the Roference Committee on Workman's Compensation, recommends the adoption of this resolution, and I so move

SPEAKER BAUER As you know the law in effect now took away that right from the metropolitan counties of Greater New York.

DR. SAMUEL Z FREEDMAN, A ew York Does that chapter include the arbitration activities also?

Dr. HELLMAN It did

The motion was seconded, and as there was no discussion it was put to a vote, and was nnammously carried

Section 84 (See 24)

Report of Reference Committee on New Business A Amendment of Workmen's Compensation Law

DR ALFRED HELLMAN, New York The second resolution was presented by Dr O'Gorman, of Erio County ond reads as follows

WHEREAS, the Workmen's Compensation Law of the State of New York commands the medical societies of all counties with less than 1 000 000 population to certify to the Chairman of Work-men's Compensation Board all applicants for a compensation medical bureau or laboratory licenso, and

'WHERBAS, the aforesaid statute also directs the said county medical societies to ascertain by inspection of each proposed medical bureau or laboratory whether it qualifies for a license under the law and the rules of the Chairman of the Workmen's Compensation Board governing the licensing and operation of such medical bureaus or laboratories, and

"WHEREAS the aforesaid law, in addition imposes upon the said county medical societies the duty of making periodic inspections of all compenantion medical bureaus so certified and licensed, to ascertain that their equipment is adequato and their staff is qualified to provide proper medical care and that the establishment is con ducted and operated in conformity with the legal requirements and

Whenexs, the aforesaid law further requires the said county medical societies to investigate, hear and determine all charges of professional or

other misconduct or of a violation of the Workmen's Compensation Law by any compensation medical bureau so certified and licensed, and

"Whereas, the aforesaid law places upon the said county medical societies the obligation to see to it that no compensation medical bureau or laboratory is conducted or operated unless it is capable of rendering competent medical erre and

is licensed in the manner aforesaid, and "Wheneas, the said county medical societies, in the full discharge of the foregoing duties, necessarily incur substantial clerical, stenographie, traveling, and other expenses, and "Whereas, the aforesaid law provides that each

compensation medical bureau or laboratory so licensed pay to the Chairman of the Workmen's Compensation Board an annual license fee of

S50, and
"Wheneas, the aforesaid law makes no provision for defraying the said expenses of the county medical societies incurred in the per-

formance of the foregoing duties, and

"WHEREAS, the said expenses of the county medical societies are a proper and legitimate cost chargeable to the administration of the Workmen's Compensation Lan, now, therefore be it

"Resolved, by the House of Delegates of the Medical Society of the State of New York, that it be recommended to the Chairman of the Workmen's Compensation Board, of the Department of Labor and the Legislature of the State of New York, that the Workmen's Compensation Law be amended to provide that one half of the annual license fee paid by said compensation medical bureaus and laboratories, pursuant to Sec 13C, Subdy 1-C, be paid to the county medical society that has recommended the licensing of such com-pensation medical bureau or laboratory"

Your Reference Committee has been in conference with Dr Simpson, Chairman of the Reference Committee on Workmeu's Compensation matters are informed that there is a possibility that the arrangements requested in this resolution might be effected without legislation and, therefore, recommend a change in the last paragraph of the resolu-tion as originally offered and asking for amend-ment of the Workmen's Compensation Law, so that the last paragraph will read as follows

"Resolved, that the House of Delegates of the Medical Society of the State of New York request the proper officials of this society to take such action as may be advisable to secure for the county medical societies in counties of less than 1,000,000 population adequate reimbursement for the expenses incurred by them in earrying out the law"

I move the adoption of this recommendation of the Reference Committee, which would change the last paragraph of the resolution as originally presented, and as amended approve it

The motion was seconded, and as there was no discussion, the motion was put to a vote, and was

earried

Section 85 (Sec 40)

Report of Reference Committee on New Business A Minimum Wage Law

DR ALFRED HELLMAN, New York On the resolution introduced by Dr B M Bernstein, of Kings, your Committee recommends the approval of this resolution with a slight change of wording of purpose of clarification

"WHEREAS, the House of Delegates of the Medical Society of the State of New York agree fully with the sentiments expressed by Dr Edward R Cunnifie, President of the Society, regarding the advisability of organized medicine showing its attitude on matters concerning the economic welfare of the public, be it

"Resolved, that this House of Delegates go on record as favoring a minimum wage standard sufficiently high to permit the worker to be and to remain an independent individual able to pay he or her way in the purchase of the necessities of life and in providing for adequate medical care, be it

"Resolved, that the House of Delegates of the American Medical Association be urged to adopt a similar resolution "

As thus amended, your Reference Committee approves, and I move for its adoption

Speaker Bauer You read the amended resolu

Dr. Hellman That is correct

SPEAKER BAUER Is there any discussion on that? DR ABRAHAM KOPLOWITZ, Kings I think I saw that resolution before it was introduced, and I urged that that part referring to "providing for adequate medical eare" be stricken out. Let us at least onco show an altruistic motive without some per sonal motive behind it. It will lose its entire effect in asking for adequate pay to the laboring class if we put it on the ground that we want them to have enough money to pay the doctor I want to amend that, if you please, and move to amend it so as to strike out that phrase, "and in providing for adequate medical care "

The motion was seconded

Speaker Bauer The motion has been amended so as to strike out the words, "and in providing for adequate medical care," from the resolution as approved by the Reference Committee

DR HELLMAN We felt that that would be a way of saying that they could buy nonprofit medical insurance, that the wage may not be sufficient for them to meet the expenses of a catastrophe but it would be sufficient so they could have insurance that would meet that catastrophe
DR Koplowitz You are weakening the entire

thing by putting that clause in

DR. LEO F Schiff, Clinton I think Dr Koplowitz' amendment would nullify this whole thing and make it a ridiculous kind of motion for this House of Delegates to pass After all, we are not social reformers, and going around advocating the boosting of the workman's wage, much as we may personally approve of the minimum standard being high enough to do certain things Our only reason for passing such a resolution, and what was in Dr Cunnifie's mind, I feel, was this that we are not going to have the proper solution to the procurement of the necessities of life, which would include, according to the present trend of thought, adequate medical care, unless we see to it that minimum wage standards are raised sufficiently Let us, then, keep this resolution as your committee, which has studied it quite carefully, recommends Let us keep it in that form, or let us defeat the whole them and not have form, or let us defeat the whole thing and not have any resolution Without some reference to the provision for adequate medical care, it is a useless type of amendment Adequate medical care is now considered in many quarters as one of the necessities of lifo Let us keep that plirase in and make it sensible We oarefully worded that, "and in providing for adequate medical care," which did not mean that e wanted the wages high enough so that every man ould pay his doctor's bill but simply high enough o provide adequate medical care, which would mean all cases huy his food and drink, pay his rent, buy is clothes, and got enough to pay for insurance to ske care of ordinary and some extraordinary redical conditions in the family I ask for the deat of the amendment and the passage of the solution to its original form

DR. ARTHUR J BEDELL I feel that it is a very angerous procedure at this time in our existence to ater into this donatable field of economics. I on't see that the passing of this resolution will sast any of our patients or any physicians.

SPEAKER BAUER The discussion is on the amend ent now, Dr Bedell, not on the resolution

Dr. Benezz I would certainly support the mendment.

SPEAKER BAUER In there any further discussion a the amendment?

DR THOMAS A. McGOLDRIOR There is nobody Ir Speaker in this House but is anxious to secure dequate medical care for every one in the state but zero are more things required to socure adequate redical care than either money or insurance hy overnment or voluntary parties. We are interoverment or voluntary parties We are intersted, as Dr. Koplowitz said, in the altruistic part of the Wo do not say, as the American Medical evolution through its Council on Medical Care has ad, when we claim that people need botter housing r proper sowage facilities throughout the country working conditions that are sanitary for the orkman, that it is so they will secure adequate redical care. We say those are required for the aurpose of their acquiring botter health. That is he very reason that this Council on Medical Care as announced that need, and the Trustees of the merican Medical Association have inserted that ery resolution that we are in favor of adequate pav sent for the workman and for continued employ sent as far as possible but we do not mention that is for the purpose of securing medical care. It is or their health and to prevent disease

I feel if we put that clause in this resolution, and providing for adequate medical care it will a providing for adequate medical care it will estainly be misinterpreted. We know what we bean. We mean so they may secure that care for hemselves voluntarily but surely it will weaken our tand to have the press and these proponents if government, either state or national, medical care ay that the doctors are only doing this for their elich gain. The resolution does not say that but hat is the interpretation that I feel will be taken is Dr hoplowitz has mentiooed and there is noth or adequate medical care." We are interested in the means they will have of preventing discuss.

Furthermore we know what they will do when hey have better employment and better wages. It has been demonstrated in the last three years hat when they have continued employment and letter wages they have paid for medical care They have paid in the hospitals for semiprivate facilities. They have good to the physicians' offices. The free, ir so-called free, clinics have lost the great attend ince they have had. I think we can rely on the cople to do that, but to put that clause in the resoluion only to have the papers say tomorrow morning hat the doctors are strong for higher wages and continued employment so the people will be able to surchase medical care will injure our standing very Teatly

Dr. HELLMAN Might I read the original resolu

tion, because that wording is in the original resolution?

SPEAKER BAUER We will read that for clarifica

Dr. Hellaian This was the original resolution, and it contained that phrase

WHEREAS the House of Delegates agree fully with the sentiment expressed by Dr Cunnifie, President of our State Society in regard to the necessity for medicine showing its attitude on matters concerning the economic welfare of our people belt

Resolved that the House of Delegates of the Medical Society of the State of New York, in convention assembled urges that the minimum wage to be granted by lodustry to labor be high enough to permit the worker to be and remain an independent individual, able economically and willing to pay his or her way in the purchase of all the necessities of life including that of medical

care, and be it further
"Resolved that the Secretary of Labor and the pprepriate committees of the Congress of the United States and the national officers of all labor organizations and the U S Chamber of Commerce and the National Association of Manufacturers be informed of the contents of this resolution, and beitfurther

"Resolved, that the House of Delegates of the American Medical Association be urged to adopt a similar resolution and to follow similar action in regard to its publicity "

Dr. Benjamin M Bernstein Aings No that was crossed out of the original resolution, as submitted, in pencil by me.

SPEAKER BAUER According to the copy on the desk that particular item was eliminated

DR. BERNSTEIN That is right,

DR. HELIAIAN We thought it was still in

SPEARER BAUER No, according to the copy of the resolution we have on the deak it was crossed out ln pencil here.

DR. ARTHUR A FISCHL, Queens I think the resolution is fundamentally sound. I very strongly sup-port Dr. Koplowitz' attitude. I think it should be referred back to the committee for clarification.

CHORUS NO

SPEAKER BAUER Do you so move?

DR. FISCHL I guess not if there is so much oppontion

DR. Koplowitz I withdraw the amendment. sioce it does oot appear in the original resolution SPEAKER BAUER But it is in the Reference Com-

DR THOMAS B Wood Kings After listening to the proponents of the resolution saying that they approvo of having medical care inserted, and then thoir explanation that they don't mean medical care but insurance for medical care I am at a loss. Why should they say one thing and mean another? Why don't they say what they mean? If they mean to ourchase medical indemnity insurance, why don t they say lt?

CHORUS NO DR. JOSEPH A. GEIS, Esser Dr Schiff said that adequate medical care is part of the necessities of life. Then why here a redundancy in this hy men-

tioning it?

Secondly, it does not specify in there sufficient for the purchase of the necessities of life including broad clothing, etc. so why put in adequate medical care, when that is one of the necessities of life? It is a redundancy, and I think is unnecessary

The question was called for

SPEAKER BAUER The amendment is to delete the words "and in providing for adequate medical care" The motion was put to a vote, and the

amendment was carried

SPEAKER BAUER The amendment is carried, and you now have before you the amended resolution As a matter of information to the House, the Chair wishes to invite your attention to the last part of the resolution, which calls for memorializing the American Medical Association to do the same thing In that connection, I wish to point out that the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945, adopted a constructive program for medical care, and the first item on that program reads

"Sustained production leading to better living conditions with improved housing, nutrition, and sanitation which are fundamental to good health, we support progressive action toward achieving these objectives?"

So it would appear to the Chair that that partieular item in the resolution, referring it to the American Medical Association, is unnecessary as they have already done it

DR BEDELL In view of your statement, would it not be wise to follow Dr Fischl's suggestion that it be rereferred?

Speaker Bauer Is that a motion?

DR BEDELL Yes, I move it be rereferred to the committee for clarification

Dr. Fische I second the motion

Speaker Bauer It has been moved and seconded that the matter be referred back to the committee Is there any discussion on that?

DR ALBERT F R. ANDRESEN, Kings The motion is it be referred back without the clause pertaining to providing adequate care

SPEAKER BAUER Yes, this is just on the matter of

rereferring it

DR ANDRESEN Without any medical-care olause in the resolution. It is rather irrelevant for a state medical society to pass on it after the American Medical Association has already acted In referring it back it might be well to put in a provision such as the A M A uses, at least

Speaker Bauer Is there any other discussion on the referral? If not, those in favor of recommitting it, say "Aye", those opposed "No" The "Noes" have it, and the motion is lost You still have before

you the amended resolution

DR EZRA A WOLFF, Queens Why should we be so overmodest? After all, we are in the business of providing medical care, and I don't think we should be afraid of saying so. The amendment would have provided that our Society is in its proper sphere of advocating proper medical care If we are going to be afraid of saying that, then every action we take has to be construed in the same manner I think the resolution has been emasculated by the deletion of

those words, and it serves us no purpose at this time
DR EDWARD P FLOOD, Bronx I move to amend
the resolution to include after the words "necessities
of life," "including the preservation of his health"

Chorus No

SPEAKER BAUER That would appear to be more or less along the same line as was deleted, therefore, it is out of order

DR HELLMAN I would like to move that we take out the second resolution in the light of what you have just told us that the American Medical Association has done, amend it to that

DR FISCHL May I ask that the resolution be read as is

SPEAKER BAUER. Will you read it? DR HELLMAN As amended, it reads

"Whereas, the House of Delegates of the Medical Society of the State of New York agrees fully with the sentiments expressed by Dr Edward R Cunnifie, President of the Society, regarding the advisability of organized medicine showing its attitude on matters concerning the conomic welfaro of the public, be it "Resolved, that this House of Delegates go on

record as favoring a minimum wage standard, sufficiently high to permit the worker to be and to remain an independent individual able to pay his or her way in the purchase of the necessities of

life, and be it further
"Resolved, that the House of Delegates of the
American Medical Association be urged to adopt a similar resolution "

The American Medical Association has already taken such action

Speaker Bauer I understood that you moved to delete the last sentence?

DR HELLMAN Yes

DR FISCHL I will second that amendment Speaker Bauer Is there any discussion on that

delotion?

Dr. McGoldrick I would like to amend by replacing the recommendation to memorialize the American Medical Association to adopt a similar resolution to state that we approve particularly of the program of the American Medical Association through its Council on Medical Service and Public Relations on that very subject

The amendment was seconded from all

quarters of the room

SPEAKER BAUER Are you willing to withdraw your amendment?

DR HELLMAN Yes

DR FISCHL I withdraw my second

Speaker Bauer The amendment now is that in place of the final sentence, the House of Delegates goes on record as approving the constructive program of the American Medical Association adopted in June, 1945, as pertains to this particular subject

DR BERNSTEIN How much publicity was given to the lay public on the report of the Council on Medical Service and Public Relations in regard to the attitude taken by the American Medical Association, in other words, does the laboring fraternity know how we feel about this thing, and does industry Know?

considerable was BAUER There Speaker publicity issued upon it, and it was commented on by the press all over the country That is as well as I can answer your question

The question was called, and the amendment

was put to a vote, and was carried

SPEAKER BAUER We have now the original motion with two amendments in it for your consideration, one consisting of a deletion and the other of a deletion and an addition

DR SAMUEL Z FREEDMAN, New York We ought to consider this matter a little further and think ahead as to whether or not we are not sticking our necks out quite far by passing this resolution You speak of a minimum wago standard which shall support the individual in obtaining all the necessities of life, but when you realize that today the minimum

wage scale is endoavoring to be elevated to the munificent amount of 65 cents an hour and figuring that an individual probably will work forty hours per week, you allow him the vast amount of \$26 to provide for all the necessitles of life and we, without telling the public about it are hoping that out of this \$26 a week at the new wage level be will be able to psy his private physician to carry on in the private practice of medicine. We seem to forget that we have said, both as individuals and as the profession by the A.M. A action, that it is perfectly all right for the individuel who cannot afford proper housing to have it subadized by the government Federal state and municipality. It is perfectly all right, as we heard today, for the public-health services of the city and the state to supply free laborator, services We certainly are not providing under this resolution for any thing more than that. We agree with what the trend is that is already taking place in this country, namely, that under minimum wave stand ards it is absolutely essential to subsidize the ladividual to obtain the necessities of life I know, too, that we would all like to stop this subsidisation -if that is the correct word for it -at a certain point to that we, as the practice of medicine shall not O.A compulsory health insurance We would like to say to thom, "I ou shall go so far and no further." If this resolution is to have any value at all we should word it not that the individual shall not receive \$28 a week but that the standard of living shall be so raised that everybody shall be able to provide out of his own funds for all the necessities of life When the building contractors complain that federal subsalizing of homes is wrong, that it intorfores with the American way of life, I have not heard the physicians outher individually or collectively agree-ment with them. I have not heard any agreement from the physicians when other individuals in differ ent professions and trades have objected to subsidiring by the government of the fellow who can not pay his own way, yet we expect support from the Public that this ludividual shall be taken care of in such a way that our relationship with him shall be continued. I don't want to talk against the resolu tion as a whole for I say this resolution has its place but it should be so worded that it means what it says and does not try to obtain from the Govern ment support for the individual at somebody cise's expense and not at ours

Dr. ANDERTON I move to table this resolution, because in approving the A.M.A. action we have

already covered the subject

CHORUS No

The motion was seconded and was put to a vote, and was lost.

SPEAKER BAUER The motion to table is lost. lou now have before you the original motion with its two amendments.

The question was called, and the motion was

put to a voto, and was carried

SPEAKER HAURR The motion is carried, and the resolution as amended is adopted

Section 86 (See 57)

Report of Reference Committee on New Business Restoration of Prewar Four-Year Medical-Education Course for Medical Students and Discontinuance of Nine-Nine-Nine-Months' System

DR. ALPRED HELLMAN New York Regarding the resolution on Medicai Education submitted by Dr Strohm, of Lne, reading

"WHEREAS, medical education and training

linve attained an unequaled standard of excellence in medical colleges and schools conducted in the State of New York which high standard the medical profession of this state is keenly anxious shall be maintained and

W nereas for the officient training of a medical atudent it is necessary, in the judgment of the State Department of Education and the medical profession that he shall have satisfactorily comploted four courses of at least eight months each in a medical school registered as maintaining at the time a standard satisfactory to the State De-

partment of Education and

WHEREAS n majority of the medical schools and colleges of New York State, because of the national emergency adopted an accelerated wartime teaching program whereby the regular requirements for the M.D degree are completed in three calendar years which accelerated program policy still is in force, notwithstanding the fact that the war has torminated, and

WHEREAS in the opinion of the medical pro-fession of New York State as well as the responsible beads of the medical colleges and schools of this state, it would be in the best intereste of the people of this State if the prewar full four year period of atudy and training for student-candidates for the MD degree were restored at the earliest possible date there being no sound reason, so far as medicine has any knowledge, for the indefinite continuance of the accelerated program policy,

"WHEREAS because of the national emergency, now concluded, there also was established n sys-tem, which still is in force whereby every gradu ate in medicine in the State of Now 1 ork usually ecryes n nine-months internship, in place of tha prowar period of one full years internship the same abbreviated nine months' service policy applying to the periods of service as assistant resident physician and resident physician in n hospital, the whole being denominated the ninenine-nine-months' program and

WHPHEAE a number of valid reasons are ad vanced for the discontinuance of the accelerated nine-months internship program and restoration of the full year's internship policy among these

reasons being that
(1) The nine-months internship does not provide the new graduate in medicine with sufficient training to equip him to take up an

assistant residency or residency,
(2) Some medical graduates in the past have been prone to take only a one-year a hiternship which in itself is generally regarded as too short a training period whereas reduction of the regular full year's period to nine months provides a wholly inadequate training period
(3) The resident or assistant resident who

has had only nine months' preparation under these circumstances becomes an inadequately prepared candidate for future specialist train-

ing.
(4) The nine-menths internship policy and the restriction as to numbers reduces the number of interns allowed for each bospital imposing too heavy a duty-load on the interns in those civilian institutions and denying patiente that high quality of professional care from the honse staff which they were assured when the hospital boasted a complete stall and every graduate remained for a minimum of one full Year, "Now, therefore, be it

"Resolved, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, hereby goes on record as strongly favoring and urging the termination of the accelerated three-year teaching program for medical students in the medical colleges and schools of New York State and the country at large at the conclusion of the academic year beginning October 1, 1945, and that the so-called nine-nine-months' program be discontinued at the earliest possible date in favor of restoration of the full year's training period, or more, for an internship, for an assistant residency and for a residency, such return to prewar medical educational policies being recognized as necessary to the preservation of the high standard of medical education in the state's and nation's medical colleges and schools and in the public interest, and be it further

"Resolved, that the government of the United States, through its appropriate agencies and officers be, and it hereby is, respectfully memorialnzed to take the necessary steps to effectuate the foregoing recommendations"

Your Committee, after due consideration of this resolution and for the purpose of brevity and clarification, submits the following as a substitute for tho resolution as originally offered. In principle it does not differ from the original

"WHEREAS, medical education and training have attained an unequaled standard of excellence in medical colleges and schools conducted in the State of New York, which high standard the medical profession of this state is keenly andous shall be maintained, and

"Whereas, for the efficient training of a medical student it is necessary, in the judgment of the State Department of Education and the medical profession, that he shall have satisfactorily completed four courses of at least eight months each in a medical school registered as maintaining at the time a standard satisfactory

to the State Department of Education, and
"WHEREAS, the medical schools and hospitals
in New York State, because of the national
emergency, adopted an accelerated wartimo teaching, intern, and residency program, and

'WHEREAS, it is the opinion of this House of Delegates that the emergency conditions necessitating this accelerated program have now been ameliorated sufficiently to permit a return to the prewar standards and practice in medical education, be it

"Resolved, that the Medical Society of the State of New York hereby records itself as urging the termination of the accelorated program for medical students, interns, and residents and the return to prewar practice in all phases of medical teaching, and be it further

"Resolved, that the government of the United States, through its appropriate agencies and officers, be and it hereby is respectfully memorialneed to take the necessary steps to effectuate the foregoing recommendations"

Your Committee recommends approval of this substitute resolution, and I move its adoption

The motion was seconded

SPEAKER BAUER Is there any discussion on the

substitute resolution?

DR. ARTHUR J BEDELL Question of wording, did I hear the wording that the government through -will you reread that part, please?

DR HELLMAN It reads

"Resolved, that the government of the United States, through its appropriate agencies and officers, be and it hereby is respectfully memorialized to take the necessary steps to effectuate the foregoing recommendations"

DR BEDELL Question of information, Mr Speaker, are we in a position to speak to the govern-

ment regarding a state affair?
Chorus Why not?
DR HELLMAN This can only be done through tho Federal government because it is a country-wide affair, but if we in New York State feel that it should be done why can't we ask for it?

DR BEDELL Why not start in our own state?

DR JOSEPH A GEIS, Essex I don't think that the

state matter of education has any business in the national government After all, no still have a certain amount of states' rights left in this country We may have given up some voluntarily during the war, but the war is over and we should take them over again. That part of the resolution that refers to the Federal government should be left out

DR THOMAS M D'ANGELO, Queens We are not telling the government what they should or should not do The government has advised that the internship be nine months. It has accelerated the premedical courses. All we ask now is that, since the emergency is over, they let us go back to our regular internship period and have a regular four-year medical course. That is all this resolution asks DR BEDELL Why shouldn't we start at home,

then, rather than going to the Federal government?
DR D'ANGELO The Federal government made

the ruling

DR BEDELL But as a state we can change the ruling as it applies to New York State Wc control those who go through our state colleges, and we control the medical schools in this state. That is a function of the state. It is a function residing in the Board of Regents of the State of New York.

The question was called, and the motion was

put to a vote, and was carried

Dr. Hellman The next two resolutions affect the Principles of Professional Conduct

Section 87 (See 32)

Report of Reference Committee on New Business A—Principles of Professional Conduct

DR ALFRED HELLMAN, New York The resolution submitted by Dr Harold B Davidson, of New York

County, reading

"WHEREAS, the Principles of Professional Conduct' of the Medical Society of the State of Now York fails to specify precisely what may properly be stated in the advertisement or announcement of a book, article, or other publication written by a doctor for the laity, therefore

"Resolved, that a special committee be appointed to study this problem and formulate such necessary amondments as the Committee deems

advisable,

has been slightly reworded by the Reference Com-

mittee, as follows

"WHEREAS, Section 31 of the Principles of Professional Conduct' of the Medical Society of the State of New York fails to specify precisely what may properly be stated in the advertisement or announcement of a book, article, or other publica-tion written by a doctor for the laity, therefore best

"Resolved, that a special committee be appointed to study this problem and formulate such necessary amendments as the Committee deems ad visable "

As thus modified, your Reference Committee recommends the adoption of this resolution, and I

The motion was seconded, and as there was no discussion it was put to a vote, and was unanimously carried

Section 88 (Sec 63)

Report of Reference Committee on New Business A Medical Ethics

DR. ALPBED HELLMAN, New York On the resolution presented by Dr. Benjamin M. Bernstein of Kings concerning medical ethics and reading

"Whereas, the education of the lay public in medical matters is the direct concern of the

medical profession, and

"WHEREAS It is of the utmost importance that such lay education be factually correct and ethically sound, and

"WHEREAS, proper regulation of the means to be employed and the channels to be used for this purpose will be of benefit to the public and the medical profession, be it "Resolved, that the Public Relations Committee

or a similar committee of each county society shall be directly responsible for the carrying out and enforcement of adequate regulations and safeguards for the proper dissemioation of medical knowledge to the lay public, and be it further "Resolved, that a special committee be appointed for the study and review of the present Code of

Ethics of the State Society for report at the next regular meeting of the House of Delegates of the State Society for its action."

This resolution has been slightly amended for purposes of clarification The amended resolution reads as follows

Whereas, the education of the lay public in medical matters is the direct concern of the

medical profession and WHEREAS It is of the utmost importance that such lay education be factually correct and

ethically sound, and

WHEREAS, proper reguletion of the means to be employed and the channels to be used for this purpose will be of benefit to the public and the

medical profession be it

Resolved that it shall be the duty of the Public Relations Commuttee or a similar com mittee of each county tocioty to carry out adequate safeguards for the proper dissemination of medical knowledge to the lay public and be it further

"Resolved that a special committee be appointed for the study and review of the present Code of Ethics of the State Society for report at the next regular meeting of the House of Delegates of the State Society for its action.'

We recommend the approval of this resolution as amended above, and further recommend that, if sdopted, it he referred to the committee provided for in the resolution on a similar subject hy Dr Davidson, of New York and which we have just acted upon I so movo

The motion was seconded and as there was no discussion, it was put to a vote and was unanimously carried

Section 89 (See 99)

Urge Priorities Be Given to Veterans for Buying Surplus Cars

SPEAKER BAUER We have a telegram which has just been received I don't know what you want to do with it but it reads

"Respectfully urgo that convention officially ask Washington to grant priorities to returning physicians among veterans for buying surplus cars. Need for such cars urgent and essential

HENRY ROSNER, Capt. (MC)

What does the House wish to do about it? DR. ARTHUR J BEDELL Ho has a priority now ChoRua Right.

Da. Joseph A Gens, Essex There is already a resolution in about surplus supplies, and that would an clude core

Speaken Bauer It has been called to my attontion that there is a resolution that has been introduced into this House on this very thing, so we will pass it over until that comes up for consideration in the Reference Committee e report.

DR. HARRY ARANOW Does this telegram refer to

government cars or other cars? SPEAKER BAUER It does not say

DR ARANOW I understood that telegram to mean

government cars, cars owned by the government. SPRAKER BAUER It does not say so officially ask Washington to grant priorities to re-turning physicians among veterans for buying sur-plus cars. One would assume from the word plus cars. One would assume from the word surplus" that it referred to government cars, because I don't think there are any surplus civilian cars but it does not say so specifically

Section 90 (See 51)

Report of Reference Committee on New Business War Memorial

Dr. S R. Monterru, Rockland On the recolu tion prepared by, and presented on behalf of, the Executive Committee of the Nassau County Medical Society reading

WHERLAS, some 5 100 and more members of the Medical Society of the State of New York have entered the services of our country, and

WHEREAS certain of these members have made the supremo sacrifice and

Wheneas, it is only fitting, and we believo the members would deem it a privilege to es-tablish a suitable memorial in their honor and

WHEREAS there can be little doubt that the advanced education of the children of these gold star members a project dear to the heart of any professional father, will entail great ancrifice or be

impossible to achieve, be it therefore 'Resolved' that the House of Delegates of the Medical Society of the State of Now York requests the Board of Trustees to establish a fund for the advanced education of the children of our colleagues who have died in the service of our country; and be it further

Resolved that said fund may be raised by a

small increase in dues or an annual levy over a period of years, for example one dollar per year for ten years, to order that each member may

have a part in the memorial '

Your Reference Committee approves this resolution without equivocation. However we feel that this is a matter for caroful study as to the number of people who might become recipients of this gratulty, the amount of money needed, and the manner in which the funds should be administered and dis-We do not have data necessary to make specific plans at short notice We, therefore, recommend that the Council of the Medical Society of New York undertake the study of this suggested plan as a War Memorial and take appropriate action

The motion was seconded
SPEAKER BAUER You have the recommendation of the Reference Committee which refers the matter to the Council for appropriate action Is there any

discussion on the question?

DR ABRAHAM KOPLOWITZ, Kings I am heartily in accord with the resolution as presented, but I would like to have the number rovised They stato there are five thousand and some physicians in As I understand it, we have more than that number of doctors from this state who have entered the service

SPEAKER BAUER That is right, but this refers to members of the Medical Society of the State of New York only There are 5,100 of such mombers who

have entered the armed forces

The question was called, and the motion was put to a vote, and was unanimously carried

Section 91 (Sce 50)

Report of Reference Committee on New Business C Publicity—Returning Servicemen

DR S R MONTEITH, Rockland Concerning the resolution presented by Dr Homer J Knickerbocker, District Delegate, reading

"Whereas, many of our members returning from service with the armed forces will encounter difficulties in the re-establishment of their prac-

tico, and
"WHEREAS, it is the desire of the Medical
Society of the State of New York to extend every assistance within its power toward the re-establish-

ment of these men in their former locations, and "WHEREAS, it has come to our attention that various county societies in other states are follow-

ing this proposed plan, therefore be it "Resolved, that this House of Delegates recommend to the component socioties that whenever a member returns from the armed service to his former location with the intention of resuming practice at that place, the county society of which he is a member cause to be noted in the local newspapers, if necessary by paid advertising space, that the said doctor has returned and is about to or has established himself again in private practice, and be it furthermore

"Resolved, that the county society specifically, in its own name, request said doctor's patients to

again return to his care, and bo it furthermore "Resolved, that said publicity shall be limited to not more than three consecutive issues of any one paper "

Your Reference Committee disapproved this resolution Our reasons for this disapproval are as follows

We are not satisfied that there will be a general need for this service

Wo feel that some returning servicemen would

resent such efforts on their behalf

3 We feel that the principles of practice generally prevailing throughout our profession are such that patients of returning service personnel can be returned to their care through the accepted channols of personal cards sent out by such doctors and through the ethical efforts of those practitioners in whose charge these patients now may be

We feel that the sponsoring of advertising by county societies, regardless of the appealing eircum stances under which such advertising might be undertaken, establishes a dangerous precedent contrary to accepted conduct Let not this disapproval of your reference committee be construed as a slight directed toward the returning serviceman nor as a bid on the part of doctors now in activo practice to retain patients rightfully belonging to those who have suffered many hardships through their military service, but let it serve rather as a plea directed to all practitioners to remember those time-honored principles which make advertising under whatever guise obnovious to us all

I move the adoption of the Committee's report

The motion was seconded SPEAKER BAUER It has been moved that the report be adopted, which carries with it disapproval of the resolution for the certain specific reasons stated by the Chairman Is there any discussion?

DR THOMAS M D'ANGELO, Queens I am not in accord with the entire resolution, but I am ecrtainly in accord with the spirit of the resolution. I don't think it is advertising in the ordinary sense of the word for a county society to tell the public in its community that Dr So-and-So has returned from service and is now in the practice of medicine. However, I feel that it would be going a little too far for you to insert an advertisement that Dr So-and-So's patients should return to him

Mr Speaker, I would like your advice on a parliamentary procedure here. The committee has voted to disapprove of the measure. I feel that the measure might have a better chance of passing if in some way I could have the privilege of making a motion to delete from the resolution that portion which asks that the doctor's patients be referred

back to him

SPEAKER BAUER What you wish could be accomplished by deleting from the resolution the paragraph that this House of Delegates recommends to the component societies that whenever a man returned from the armed services the county society of which lie is a member cause to be noted in the local newspapers, if necessary by paid advertising space, that the said doctor has returned and is about to or line established himself again in private practice. Then the resolution goes on

"Be it furthermore resolved, that the said county society specifically, in its own name, request said doctor's patients to again return to his name

"Be it furthermore resolved, that said publicity shall be limited to not more than three cor

issues of any one paper

Dr. D'Angelo Yes, delete those two Speaker Bauer Dr D'Angelom two final paragraphs of the one substitute for the report of the Ri

The motion was second DR HOMER J KNICKERBU As the introducer of the resc second that substitute moti

DR. LEO F SCHIFF, Chini the Reference Committee h entation on this particul men in our county societ of brains, and we could a sary, Jet maintain our of time specifying he advertising and how and so on If we , Reference at the end

"Let not this disapproval of your Reference Committee be construed as a slight directed toward the returning serviceman nor as a hid on the part of doctors now in active practice to re-tain patients rightfully belonging to those who have suffered many hardships through their military service, but let it serve rather as a plea directed to all practitioners to remember those timehonored principles which make advertising under whatever guise ohnoxious to us all

and added to the whole thing the request of this House of Delegates that the Secretary of this State Society send a full copy of this particular committoo's report to each component society, I think that would do the work and in a much better way than

trying to become too specific at this meeting
SPEAKER BAUER You then move to amend the original motion of the Reference Committee, is that

correct, Dr Schlff?

DR. SCHIFF To add to it that copies of the report of the Reference Committee be sent to each com

PONENT SPEAKER BAUER You have two propositions before you One is the substitute for the report of the reference committee, and the other is an amond ment to the report of the reference committee Wo will consider first the amendment and then after the amendment is disposed of we will consider the

substitute Dr Dwight did you ask for the floor?
DB. Kinny Dwight I wished to speak of the resolution as a whole and not of the amendment.

SPEAKER BAUER Is there any further discussion

of the amendment?

DR. GEORGE W KOSMAK May I state, for the information of those present, that a great many of the local papers now carry announcements of the return of these physicians, so I see no use for having any further action taken in regard to this. Frem the clipping service for our medical news column we run across that all the time, that the local papers throughout a great many parts of this state an nomince the return of these doctors to practice, so that the communities are well aware of that fact.

Dr. Mortzith I should just like to say that your Reference Committee in considering this thing, considered just the fact that Dr Kosmal has now stated, that in small communities there is certainly no particular need that we can see for this type of notice being given. We feel there is no general need for it, so why stick our neeks out on something that involves our sponsoring advertisements of any kind?

DR. A. A. GARTNEN I want to speak in favor of the amendment Many of the men that are return ing are specializing and changing the nature of their practice, so they possibly would not want their

former patients to roturn to them (Laughter)
DR. THOMAS A McGOLDBICK There is one other, perhaps it is a side question, which arises. We have been very much interested and intent on the subject of newspaper advertising in the last twenty-six or fewer hours. The defense put up by these people who are advertising—and so many of them are in the daily papers and in the weekly Sunday papers is that the other follow did it, therefore, I will do it. When we read in the papers of the eminent specialists, the renowned, distinguished surgeons and the very capable dectors, and these are quoted from the newspapers and passed around, the question is, where is it going to stop? After a year and a half's discussion in the New York County Society, and another discussion by our Board of Censors, within a week another doctor published in

the daily papers a few compliments to himself as he tried to sell a book for himself and for his publisher I feel if we advertise by paid advertisements in matters of this kind, some paper somewhere else or some doctor not so ethically minded will leave out the words 'inserted by such and-such County Society" and begin advertising in the dally papers on his own behalf That is another reason why paid advertisements for doctors should not be permitted

DR. CHARLES H. LOUGHRAN Kings As you all know, advertising is not legalized under the Medical Practice Act, so a county society has no more right to do it than the individual doctor, but I feel we do owe a certain duty to all these returning servicemen because a lot of them have had trouble getting word to their patients that they have returned. I would like to amend that resolution to read that every county society can, through its news bureau, advise that such-and-such doctors have returned, and that this is not to be construed as a paid ad

vertisment hut is a news item

DR. ARTHUR A FISCHI, Queens This situation arose in Queens County We received a letter from a veteran overseas who suggested it to us At the meeting of the Comitia Minora it seemed a logical function of a society on a local basis rather than n stato function, so we of the Comitia Minora approved permitting the insertion, purely on a local county society hases, of the names of the returning veterans for a limited number of days. I don't think it should be a state affair it is rather a local function.

Dr. Alfred Hellman, New York My atten-tion has just been called to the fact that if our county societies begin to huy space in the papers our public relations with the papers are going to suffer very materially, and we will be huying space for all sorts of things instead of getting it free as we new

Dr. D'Angelo I think most of this discussion has been on the entire resolution I would like to speak on the entire resolution, but I will not do so because

only the amendment is in order

SPEAKER BAUER The amendment by Dr Schiff is that the original report of the Reference Com mittee be adopted by adding to it a paragraph that the entire resolution plus the committee s report be sent by the Secretary to every county society, and that is what you are deciding now. Those in favor of that amendment, please say "Aye', now those opposed, 'No" The Chair is in doubt. All those in favor of the amendment, please stand, now those opposed please stand. The amendment is carried by a vote of 93 to 14

Now we have the question of the substitute motion of Dr D Angelo which is in place of the amended report of the Reference Committee, that we adopt the original resolution by deleting the words if necessary hy paid advertising space "and the final two paragraphs which said that the county society specifically, in its own name request the doctor's patients to again return to his care and that said publicity shall be limited to not more than three consecutive assues of any one paper. The question is on the substitute. Is there any discussion on the substitute?

Dr. D Angelo Are we going to vote on the entire motion?

SPEAKER BAUER We are going to vote on it when we finish with the substitution. We have to decide that first.

DR. HARRY ARANOW May I bring out a point of order? If this is going to be sent to all the county

societies then it automatically kills the recommendation of the Reference Committee, because the Reference Committee disapproved of the resolution

SPEAKER BAUER But the point of Dr Schiff was that the Committee cited reasons why they disapproved, and that those reasons should go along with the resolution

Dr Aranow Thank you for the explanation

Speaker Bauer Now those in favor of the substitute motion of Dr D'Angelo for the adoption of the amended report of the Reference Committee will please say "Aye", now those opposed, "No" The "Ayes" have it, and the motion is lost

The Reference Committee's report, as amended, is Is there any disnow before you for final adoption

cussion on that?

DR DWIGHT I think the insertion of any paid advertisment in a newspaper or any other publication concerning an individual doctor is very danger-It is not only dangerous as a matter of prece-

ous It is not only dangered dent but for its effect upon—

Speaker Bauer Just a moment We have speaker Bauer Just a moment That part has been lost—

The Reference Com-We liavo We are now on the adoption of the Reference Committee's report, as amended, which disapproved of the original resolution for certain reasons

DR DWIGHT I am spoaking for the report of the

Reference Committee

SPEAKER BAUER All right

Dr. Dwight And against the original resolution Is that in order?

SPEAKER BAUER That is in order, except we are now discussing only the adoption of the Reference Committee's report. The original resolution has Committee's report The original resolution has already been lost. The question is now on adopting or rejecting the Reference Committee's report as amended, and the Reference Committee's report as amended provides that the resolution plus the comments of the Reference Committee will be sent to every county society

Is there any further discussion? If not, all those in favor say "Aye", those opposed, "No" Tho

amended resolution is adopted

DR ARTHUR J BEDELL Question of information, does not the acceptance of that resolution appear in our Journal and go to every member of the House?

SPEAKER BAUER The resolution was not ac-The Reference Committee specifically discepted approved and you adopted the Reference Committee's report calling for disapproval

DR BEDELL I grant you that, but isn't this whole thing going to be published, and going to every

momber of the Society that way?

SPLAKER BAUER The resolution plus the Reference Committee's report giving the reasons for the disapproval are also going to each county society

DR BEDELL But isn't it all going to be published

in the Journal?

SPEAKER BAUER With the report of the Refer-

ence Committee, yes

DR BEDELL Exactly, then why do we have to have the duplication of sending it to the county societies as well?

SPEAKER BAUER That is what they voted

cannot answer that

Section 92 (Sec 29)

Report of Reference Committee on New Business C Medical Care

DR S R MONTEITH, Rockland On the resolution

introduced by Dr Bernstein, of the Kings County Medical Society, reading

"WHEREAS, the organized medical profession has always indicated its willingness to confer with any individual or group in the drafting or consideration of legislation affecting medical care,

"Whereas, the carnest desire of the organized profession to cooperate with labor, industry, or with government in the study of the providing of the best medical care to all the people, has con-

sistently been ignored, and

WHEREAS, it is of the utmost importance that the public be informed and convinced of the earnestness of the medical profession to give its all for the care of the sick and the prevention of disease without the necessity for the interference of an 'outside' agency, be it

"Resolved, that the organized medical profession reaffirms its readiness and willingness to cooperate with all agencies in the discussion and study of plans and measures proposed for completo medical care for all of our people, and be it

further

"Resolved, that the Medical Society of the State of New York stands ready to cooperate in a statewide conference of labor, industry, social agencies, government, and medicine for such a discussion, and be it further

"Resolved, that the House of Delegates of the A M A likewise be urged to reaffirm its willingness to cooperate in a similar national conference of labor, industry, social agencies, government, and medicine, in order to reach a meeting of minds in a discussion as to the best methods and measures, procedure, and plans which can be evolved to provide for all of our people the best possible medical care, without regard to oconomic status or geographic location, and be it further "Resolved, that all possible publicity be given to

this resolution that all concerned individuals and groups be fully informed that such anticipated

conference be called at an early date"

On approving this resolution, your Reference Committee wishes especially to emphasize that portion of the resolution which calls for publicity feel that no means should be overlooked whereby the public may be made aware of the ever-present willingness of the medical profession to lend its knowledge and resources in the attainment of the goal of full medical care available for all

I move the adoption of the report of the Refer-

ence Committee

The motion was seconded

SPEAKER BAUER You have before you the motion for the adoption of the report of the Reference Committee which carries with it approval of the resolution Is there any discussion?

DR JOSEPH A GEIS, Essex We are not willing to cooperate because most of these other organizations are definitely committed to compulsory care Wo are not willing to cooperate in any compulsory scheme of medical care, but we will work with them if they adopt the voluntary form That should be made clear before we adopt this, as to the reason why we will not cooperate

DR EZRA A WOLFF, Queens I believe the resolution calls only for cooperation in the study of the question, not for any cooperation in any precon-

ceived plan

Cuorus Right!

The question was called, and the motion was put to a vote, and was carried

Section 93 (See 39)

Report of Reference Committee on New Business C Proposed Pepper Bills S-1318

Dr. S R. MONTETTH, Rockland This is on the resolution introduced by the Albany County Medical Society reading

"Whereas, there has been introduced in the Senate of the United States by Mr Pepper, Mr Walsh et ol a hill entitled A hill to provide for the general welfare by enabling the several states to make more adequate provision for the health and welfare of mothers and children and for services to crippled children and for other pur-

"Wheneas a companion bill has been intro-duced in the House of Representatives by Mr

Kelley, of Pennsylvania, and

"WHEREAS said hills provide for the extension of the E.M I C program to the entire population of the several states and possessions of the United States, pius additional provisions for disabled

children, etc. and

"WHEREAR said hill: will eventually defeat the purpose for which they presumably were introduced, that is, 't make more adequate provision for the health and welfare of mothers and children first, hy raising maternal mortality and infant morbidity through reducing attendance at pronatal and well-bahy clinics to such a degree that teaching material will be so curtailed that the adequate training of our medical students and the resident staffs of our hospitals will be im possible, second, by discouraging young men and women from study in the fields of obstetrics and pediatrics and

Whereas, such legislation will eventually spread to all fields of medicino, be it

Resolved.

That the Medical Society of the County of Albany, New York, hereby records itself as

being opposed to the aforementioned hills

That our delegates to the meeting of the House of Delegates of the Medical Society of tho State of New York to be held in Buffale early next month be instructed to present this resolution to the House of Delegates and to use their energies in securing favorable action upon the sentiments expressed herein

That our delegates be instructed to urge the House of Delegates to appoint a special committee to study the bills, to understand the ultimate consequences to the medical profession and the general public, and to appear before the appropriate Congressional Committee in opposition to the proposed legislation."

Your Reference Committee approves of this resolution, with the deletion of the fourth 'Whereas (that one in which it makes the statements about not going to the well bahy clinics, and so on) and of the last section of the resolution wherein the resolu tion recommends the appointment of a special com-mittee to study the bills, which committee is instructed to appear before the oppropriate congressional committee in opposition to the proposed legislation

It is the belief of your Reference Committee that the bilis referred to will be dealt with hy already existing committees of the State Society and of the American Medical Association in due course these committees being piedged to oppose all forms of state medicine, one reason for their opposition to this particular measure being based on the fact that the Pepper Bill, S-1318, is apparently an attempt to perpetunto a hureaucracy established as an emer-gency measure and as such accepted in good faith hy the medical profession of the country

I move the adoption of the Committee's report

The motion was seconded SPEAKER BAUER The Committee's report recommends approval of the resolution with delotion of the fourth "whereas" and the final resolution pertaining to the committee going to Congress, and so forth Is there any discussion?

Dr. George W Kosmak May I suggest to the Chairman of the Reference Committee that he in clude there the other bills? There are some are or seven bills on the subject. I think the titles of all those hills should be included in that resolution

SPEAKER BAUER What do you wish to do? Dr. Kosuak I move that the titles of the other hills on this same topic be included in the original

resolution

SPEAKER BAUER Do you have the titles of such other bills Dr Kosmak?

DR KOSMAR NO

Dr. Movreith I do not either

SPEAKER BAUER It would seem to the Chair necessary, then to send it back to the Reference Committee to so amend it and hring it in for later consideration, unless you wish to go shoad with it as ıt is.

DR. KOSMAK Why not make it a general objection to all of the hills on this subject? There are

some six or seven of them

DR. MOYTETTH Would it do to insert that?

Dr. Joseph A. Geis Esser Yesterday your Reference Committee on Report of the Council, Part II, brought in a report where they discussed the E.M I C and said that this House should go on record as opposed to all offorts of extending the E.M I C beyond the period of the emergency, and that the A.M.A be memorialized to oppose any attempt to carry on the E.M.I C beyond the emergency I believe that covers this same resolu-

SPEAKER BAUER I think your point is well taken and I believe it is not necessary to take any action on this that being the case, as it covers the same sub-ject and the House has already acted upon it

DR. STANLEY E. ALDERSON, Albany I think the intent of that resolution was very similar but it merely said, if my recollection is correct, that our delegates to the A.M.A. should present to that Association our opposition to any extension. This resolution brings up the fact that this hill is actually in Congress at the present time, so why should we fail to take action on it?

SPHAKER BAUER The resolution which was adopted yesterday has a final paragraph

We recommend to the House of Delegates that our delegates to the Americae Medical Associa tion be instructed to oppose ony attempt to make the EM.I.C plan or any similar plan a perma nent arrangement."

Therefore the A M.A part of it was covered in that resolution

Dr. Alberson That is exactly my point, but why should we delay until the meeting of the A.M.A.? Why can we not take action on this resolution new if this bill is pending in Congress, as It is?

Dr. GEIS May I speak again for that Reference Committee?

SPEAKER BAUER Yes

DR GEIS We discussed this Pepper Bill, and due to the fact that the A M A is meeting next month-18 that not so?

SPEAKER BAUER Right, December DR GEIS Which will be before the Pepper Bill gets out of committee, we still will have plenty of

DR Kosmak May I speak again and say for the information of the delegates that the hearings on the Pepper Bill are scheduled for this month, the end of the month, and the AMA does not meet until December I believe that we should support this resolution, but I still insist that it would be better to have it more complete and include the names of all of the bills dealing with this subject

DR ARTHUR J BEDELL I move you, sir, to support this resolution coming from my county for the reasons that have already been stated regardless of We ask just for the any additions or deletions consideration of this particular bill at this particular time, and have so stated I certainly trust the House will support us on that

DR HAROLD B DAVIDSON, New York I see no objection to supporting the resolution I think the criterion is the question of whether this House of Delegates will support and give strength to tho

A.M A delegates in letting them know that this House of Delegates is supporting them, but I don't think it will make any difference in their actions because we may trust that the AMA delegates are working on this just as earefully as we are If it will in any way strengthen their hand, the resolution should be supported

DR ABRAHAM KOPLOWITZ, Kings Mr Speaker and Gentlemen, I am entirely in accord with the purposes of the resolution, but I think there is some very dangerous language in it All of our resolutions, once adopted, become official so far as our Society is concerned Wo cannot, for fear of being misunderstood, mention the fact that we need teaching ma-If that should ever become public-

DR KOSMAK That is deleted
DR SAMUEL Z FREEDMAN, New York That has been deleted by the Reference Committee
SPEAKER BAUER Yes, that has been deleted

by the Reference Committee

Speaker Bauer Is there any other discussion? You have before you the adoption of the reference eommittee's report, which has amended the original resolution Is there any further discussion?

The question was called, and the motion was

put to a vote, and was carried

[To be continued in the January 1 issue.]

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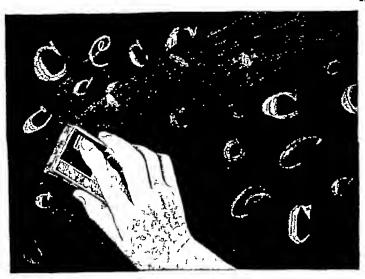
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American Society of Mechanical Engineers Holds Session on Biomechanics

N NOVEMBER 28 and 29 the American Society of Mechanical Engineers held sessions on biomechanics at the Hotel Pennsylvania, which members of the medical profession were invited to

für Medizinische Forschung,

Medical Installations in Göt-

The Aviation Medicine Organi-

Clinical Testing of Antimalarials

by I G Farben, Eberfeld

zation of the Luftwaffe

Heidelberg

tıngen Area

THE OFFICE of the Publication Board, United

attend. The session on November 28 was held at 9 30 A. M. n the Georgian Room The program consisted of four lectures "An Approach to the Study of the Tensile Properties of Fibrous Tissue," by P R. Marvin, of the Milwaukee Gas Specialty Company, Milwaukee, "A Study of Screws for Metal Bone Plates," by A. H. Strang, senior materials engineer, National Burgery of Struderds, Weshington, D. C. National Bureau of Standards, Washington, D. C., "Pressures in Bone Joints," by E. A. Waters, Yale University, and "Mechanical Principles Involved in Reconstructive Operative Surgery," by Dr. P. D. Wilson, of the Hospital for Special Surgery, New

York City, this paper was presented by Dr L R Straub, from the Hospital for Special Surgery

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A Series of Interviews with

German Rescue Breathing Ap-

Members of German Medical

Schools, Research Institutes,

time Germany

and Hospitals

paratus

Professor

The session on November 29 was held in the Manhattan Room, and also consisted of four lec-Manhattan Room, and also consisted of four tures. They were "The Mechanics of Human Muscles," by H. W. Haggard, of the Laboratory of Applied Physiology, Yale University, "Limits of Factors of Safety in the Human Body," by Dr. E. F. DuBois, of Cornell University Medical College, New York City, "Application of Biomechanics to Airplanes," by Frederick Teichman, of the Guggenburg School of Aeronautics, New York University. heim School of Aeronautics, New York University, New York City, and "Principles Involved in Prosthetic Devices," by F P Kreuz, Capt, (MC), Bureau of Medicine and Surgery, US Navy, Washington, D C

# Wider Medical Aid Set for Veterans

THE Veterans Administration, in a reversal of policies, announced on October 26 a program designed to provide modern specialized treatment for veterans and also make the career of surgeon in the department attractive to members of the medical profession

The program, which was promised by Gen. Omar N Bradley as Administrator, was described by its principal author, Maj Gen Paul R. Hawley, who returned from the post of chief surgeon in the European Theater to act as Surgeon General of the Veterans Administration He emphasized, at a press conference, that the program was based on cooperation already promised by leading medical schools and specialists.

High points in the program include

Nineteen new hospitals already announced for construction, and many others later, will be built near the best sources of medical advice, rather than in remote localities, the rule will be to "bring the veteran to the hospital, not to try to take the hospital to the veteran"

2 No veterans' hospitals will be abandened, but the regional units will serve emergency and routine needs Men needing specialized care will be moved into hospitals near the centers where such is avail-

able Because there is not a sufficient number of "top-flight" specialists to serve the needs of the [Continued on page 2708]

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[Continued from page 2704]

veterans' hospitals, the Veterans Administration will arrange for advisory and consultative service

by needed specialists on a part-time basis

4. The Veterans Administration is asking Congress to pass laws permitting its hospitals to operate as do other first-class institutions—providing resi-dencies, granting leaves with pay to selected men to undertake postgraduate work, and additional pay for specialization

The Veterans Administration will provide facilities for, and require that, its staff surgeons qualify for membership in the standard county,

state, and national medical associations

As a first step in this program, General Hawley announced the appointment of Dr Paul B Magnuson, of Chicago, orthopedic specialist, to supervise research programs, formulate training policies for medical personnel, and establish and operate "all schools or courses of instruction on professional subjects for Veterans Administration doctors"

Dr Magnuson, who is principally known as associate professor of surgery at Northwestern University, Chicago, was at the conference and said that his work would be based on the premise that "if you want service you cannot push doctors into

it, they have got to want to give it"

The Veterans Administration, under General Bradley's orders, has begun revising operations so that its staff surgeons are to be relieved of the paper work and routine. Investigations this year have shown that this paper work often required more time than the doctors were able to give patients.

# County News

Onondaga County

Heroic action in saving the lives of twenty-eight men has won for Capt John S O'Toole the Distinguished Service Cross

Captain O'Toole was awarded the decoration by Col. A. J Canning, commanding officer of the

Rhoads General Hospital, Utica

A practicing physician in Potsdam for five years before he entered service, Capt O'Toole went over-seas three years ago with a medical detachment with the 977th Field Artillery division. He served in the Mediterranean theater

On August 15, 1944, near San Raphael, France, during the invasion of southern France, Captain O'Toole performed the heroic deed which won him

An LST landing boat was struck by a radio-controlled bomb as it neared the beachhead. It was set ablaze, the ammunition was exploded, and flying fragments were sent in all directions

Captain O'Toole was on the beach at the time, and he received twenty pieces of shrapnel in his leg, the citation said. Nevertheless, he discarded his clothing and swam out to the boat and back repeatedly, rescuing the twenty-eight men He then remained on shore administering first aid until the men were evacuated before he cared for his own wounds 4

Ontario County

Dr B C Hurlbutt, of Rushville, was elected president of the county society at the fourth quarterly meeting, held in the Canandaigua Hotel. Dr W C Eikner, of Clifton Springs, was named president-elect, and Dr D A. Eiseline, of Shortsville, was re-elected secretary and treasurer for his

Hall, were named as new members Dr Homer J Knickerbocker, of Geneva, was named delegate to the annual meeting of the State organization next year, with Dr James S Allen, of Geneva, as alternate. Dr John W Karr is to continue as editor of the county society's Quarterly Bulletin \*

# Orange County

Dr Charles W Beattie, formerly of Wallkill, has opened his office for the practice of medicine in Newburgh.

Dr Beattie is a graduate of Cornell University Medical College He has been engaged in the practice of medicine in Wallkill for the past eight years.\*

Dr Arnold Bockar, who formerly practiced in Warwick, has opened an office in Newburgh, specializing in diseases of the genitourinary system

Dr E H Douglass, Jr, has resumed the practice of medicine and surgery in Newburgh after having served in the Medical Corps of the Army since June, 1942 He was discharged from Army service on October 3

Dr Douglas had a most varied experience in Army surgery After three months at MacDill, Florida, on surgical service, he was in England, North Africa, and Sicily with the 320th Bomber

Returning to the United States, he attended the School of Aviation Medicine at Randolph Field, Texas, and served at Eglin Field, Florida, and at Watertown, South Dakota, where he was base surgeon and chief of surgery in the Watertown Army Air Forces Station Hospital.

Vhile in North Africa Dr Douglass was detailed to Benghazi in the Near East for service when an

epidemic broke out in the British Army \*

Rensselaer County

Lt Albin A. Galuszka, of Troy, is returning to the United States after eighteen months of combat duty

in the Pacific Theater of War

Lieutenant Galuszka, a surgeon in the Second Armored Amphibian Battalion, was with the first Marines to land on Saipan, Iwo Jima, and Tinian, therefore being the first white doctor to step foot on those islands He also was with them on Guam and Mannagassa This battalion is one of the most famous and most decorated of the Marine assault troops which led the Second, Fourth, and Eleventh Marine Divisions at different periods during these campaigns.

The lieutenant himself, twelve years in the Navy, holds a Bronze Star Medal, two presidential citations, both Atlantic and Pacific-Asiatic campaign ribbons, five battle stars, an expert-pistol-shot medal, a special Navy citation, four divisional citations, and all the other ribbons which could be

[Continued on page 2708]

<sup>\*</sup> Asterisk indicates that item is from a local newspaper



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velt Hospital He was also former consulting pediatrician at the New York Foundling Hospital, Seaside Hospital of St John's Guild, St Agnes Hospital for Crippled and Atypical Children, and the Holy Name Hospital After receiving his medical degree at the College of Physicians and Surgeons, Columbia University, in 1886, Dr Freeman went to Berlin, Vienna, and Paris to do postgraduate work He was a Fellow of the N Y Academy of Medicine, and member of the Association of American Physicians and the American Pediatrics Society, the medical societies of New York State and County, and the American Medical Association

Elias Gamrin, M D, of Brooklyn, died on September 7 at the age of 56 Dr Gamrin was graduated from the College of Physicians and Surgeons, Columbia University, in 1915, and was on the staff of the Jewish Hospital as assistant obstetrician. He was a momber of the Medical Society of the State of New York, the Kings County Medical Society, and the American Medical Association.

George Glucksman, M D, of New York City, died on June 2 He was graduated from the Long Island College of Medicine in 1904

Arthur Rogers Grant, M D, of Utica, died on November 8 in Pasadena, California, at the age of 73 Dr Grant was former surgeon-in-charge at the Utica Memorial Hospital, but retired recently after serving there for forty-eight years. He was a Fellow of the American College of Surgeons and a member of the American Institute of Homeopathy and the State Homeopathic Society.

John P Greene, M D, of Mamaroneck, died on November 5 at the age of 69 He was graduated from Bellevue Hospital Medical College of New York in 1896

Paul Robert Lavin, M D, of Whitney Point, died on July 6 of injuries received in an automobile accident. Dr. Lavin was 39 years old. He was graduated from Temple University School of Medicine, Philadelphia, in 1932, and interned at St. Vincent's Hospital in New York. He began active duty as a first lieutenant in the medical corps, Army of the United States, on July 26, 1941, and was released in September, 1942. He was formerly on the staff of the Southside Hospital, Bay Shore, Lourdes Hospital, Johnson City

Eugene Ross Linklater, M D, of Kenmore, died on October 18 after several months' illness. He was 62 years old. Dr. Linklater had served as health officer of Kenmore since 1924, and before that was a public school physician. He received his medical degree from the University of Buffalo, School of Medicine, in 1905, and engaged in general practice in Buffalo before becoming health officer of Kenmore. He was a Fellow of the Buffalo Academy of Medicine and a member of the Eric County Medical So-

elety, the Medical Society of the State of New York, and the American Medical Association.

James M MacEvitt, M D, formerly of Brooklyn, died on September 3 at the age of 83 He was graduated from the Long Island College of Medicine in 1891, and interned at St Mary's Hospital, later becoming senior physician at St Mary's and consultant to the Holy Family Hospital He was a member of the Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Kristine Mann, MD, of New York City, died on November 12 at the age of 72 Dr Mann received her medical degree in 1913 from Cornell University Medical College, and since 1925 had specialized in psychoanalysis

William Warner Meiners, M D, of Malverne, died on October 22 at the age of 90 He received his medical degree from New York University in 1890, and then practiced in Long Island City and Freeport For a time he was coroner in Long Island City He was a member of the Michical Society of the State of New York, Nassau County Medical Society and the American Medical Association

ciety, and the American Medical Association
Rudolph Patek, M D, of New York City, died on
November 3 Dr Patek received his medical degree
from the University of Vienna in 1908, and came to
this country in 1939 He was resident physician at
the Sea View Hospital, Staten Island He was a
member of the New York County Medical Society,
the Medical Society of the State of New York, and
the American Medical Association

William Joseph Pulley, MD, of New York City, chincal professor of medicine at the New York University College of Medicine for forty-two years until his retirement in 1934, died on November 16. He was 76 years old. He was graduated from Bellevue Hospital Medical College in 1891, and served his internship at the hospital there. In 1892 he joined the faculty of New York University, and served as director of the college chine. In 1932 he received the Alumni Meritorious Service Award from the Alumni Federation of New York University. He was vice-president of the Federation from 1933 to 1935. He was consulting physician to Riverside Hospital, a Fellow of the Academy of Medicine, and a member of the medical societies of the State and County of New York, and the American Medical Association.

New York, and the American Medical Association Frederick William Van Lengen, MD, of Syracuse, died on October 15 at the age of 71 He had been a practicing physician in Syracuse for nearly fifty years, going there immediately following his graduation from Syracuse University College of Medicine in 1898, and a year of internship at Bellevue Hospital He also taught anatomy at Syracuse University, and at the time of his death was on the staff of the People's Hospital He was a Fellow of the Academy of Medicine, a member of the Onondaga County Medical Society, the Medical Society of the State of New York, and the American Medical

Association

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Size of Articles —It is earnestly desired that scientific articles shall not exceed 6 Journal pages at the outside Longer articles tend to lower reader interest. An average of five or six seems to he the most desirable from this point of view. Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, eg, twelve manuscript pages will make five Journal pages.

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